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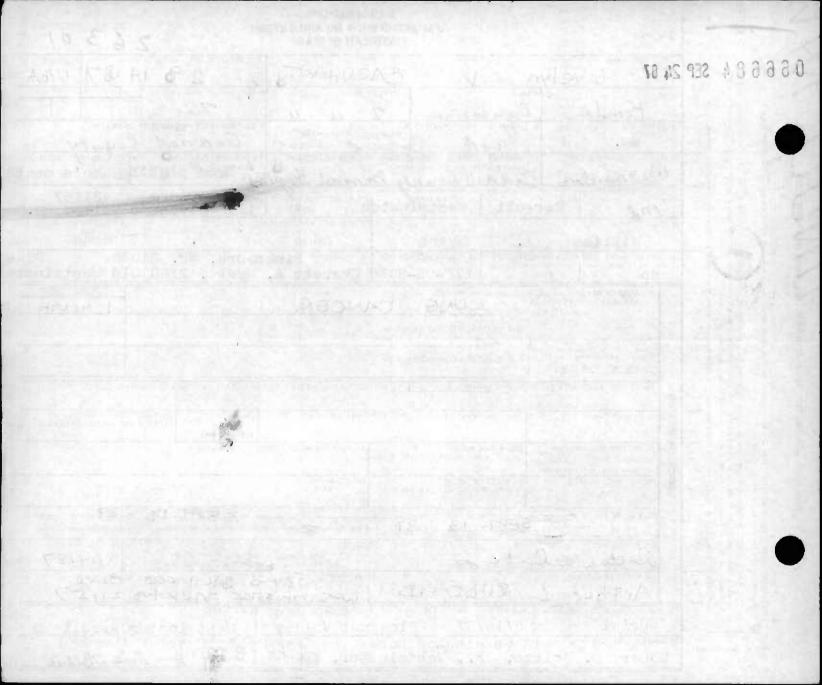
#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26300

	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
5º6 % SEP		CEASED NAME FIRST	5 PERRY	BARBER JR.	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Toy poog	3. SE	41/1/10	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
age 4		MALE	CACICASIAN	JAN 22 1908	79. S YBS	MONTHS DAYS HOURS MIN.
# 15 1 2K	70. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OF COUNTY	OF DEATH
11 15	10 C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURS	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	CARROLA	3 176 KIND OF BUSINESS OR
X	14	IESTMINSTER	201 NINER S	PRIVATERD.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WO	INDUSTRY &
135	13a	AL RESIDENCE (IF NURSING HOME O STATE ARYLAND CAR	ROTHER INSTITUTION GIVE RESIDENCE BEFORM NTY PROLL ISC. CITY OR TON WESTMIN	YES NO NO	13e.STREET ADDRESS / ZIP. CODE 201 NINCE'S R	PEIVATERD.
1062	14. F/	ATHER'S NAME FIRST  JAMES	MIDDLE PERRY	15. MOTHER'S MAIDEN NA	LULH SPET	DEN
11 47		VAS DECEASED EVER IN U.S. AI	WE MAD OD DATES		ADDRESS 201	WINTERS PRIVAT
	_	NO N.	A. 216-14	-895 MARS, MARG	1 ELLEN BARBY	of WESTMINSTER.
(Salanta )		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), o			BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (a) LUNG	CANER		4 years
TO 0 0	1	Condition of the	DUE TO, OR AS A CONSEQU	JENCE OF		
2 4 5		Conditions, if any, which gave rise to immediate	(b)			
oy cr	1	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
pleo uriol		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	/EN IN PART No
Then to b	NO O	Angi	na Pectoris			
permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
ronsit Hygiid	- W	710. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
Sertification of the Mentol	A	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
d Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	711. LOCATION	CITY OR TOWN	COUNTY STATE
s the	>	AT WORK AT WORK	(A) HOME, STREET, PACTORY OFFICE,	PARM, EIC)		
R. Al			ital) attended the deceased from.		, to9/19	1987, that (I) we) lost
21 4 6		saw the deceased alive or abave (D) (we) (did (did no	7/29 19_	87_, and that in (my (our) opinion	death accurred an the date and hou	ir and fram the causes stated
ched ched Dept Sept		226 SIGNATURE	100	DEGREE		221. DATE SIGNED
deta deta rote l		Round	Dalek	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	7/17/07
o FUNER, hould be down the Sta		Norman Go		12 APBRESE ask	fundor Heights	Med Gr 221159
5 t 3 ₹	23a. I	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
SP		BURIAL	Sept. 17,1987 &	ERGREEN MEMORIAL	FINDBURG C	ARROLL MD.
MH - 16 60M 7/84	24 F	JNEBAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15. 4)	1 3	MOTHET A. Mac	in 9/10/1/16	Westministe Mos SE	1 8 1987 Julia 1	Tendron Pardiell

#### STATE OF MARYLAND

70	1-	STATE REGISTRAR		DEPAKIM		CATE OF DEATH	REG. N	. 2	630	1
6 6 6 8 # SEP		BRINT) EVELY	n	DDIE .	BA	ENHARTS	20. DATE OF DEATH	MONTH DAY	37 26 H	16Am
ge 4 moy ector, pog us ofter de	3. SE	Female	1. RACE Cane	2s, in	S. DATE O	F BIRTH  DAY YEAR ,	6. AGE (IN YEARS LAST BIR	YRS	VIHS DAYS   HOU	IDER 24 HRS
death. Po		RTHPLACE (STATE OR FOREIGN	45	A	WIDOWE	Marie Total	BALTIMORE CITY C	011 6	ognty	MD.
60	6	Vest master	CARRO	11 Coup	Ly X	eneral Hospit	120. USUAL OCCUPAT (TWE OF WORK FOR MOST O	S WORK IN	INDUSTRY HAND S	
Saled in	13a. S	ma list coun		Westmi	5	TYES   NOT	13 10 Ple		2115 Valley	
(1000		William	MIDDLE J.	Myers		15. MOTHER'S MAIDEN NAM Anna	MIDDLE	555 040	Hahn	5.1
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV T) O T) (	E WAR OR DATES)	176-05-			sburg, APR Myers, 2	2160 0	ld West	
g philips company		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per li D BY. E CAUSE (o)	LUNG	CA	WCER			BETWEEN ONSET	
res that the death c ined by the attendin please remove corl ourial, cremation, or y, or other fraumatin		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	(b) DUE TO, OR (c)	AS A CONSEQUE  AS A CONSEQUE  NTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN	IN PART Ico	
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SICIAN: 1 ng physic certificate miol-trans ental Hyg them 18 sk	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M	A. MONTH DA A.	Y YEAR	216. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	IRY IN ITEM TS PART	I OR PART 2)	
G Pt ond ond ked	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FA	ARM, ETC }	STREET	CITY OR TO	NWO	COUNTY	STATE
TOR: or us of He		22a. I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (d	SEN!	13 19		d that in (my) (grand opinion d	eoth occurred on the d	ote and hour a	nd from the couse	s stated
SPITAL OR AT 3 by the hosp NERAL DIRECT be detoched fi e Store Dept. or TANT: If then 2		222 SIGNATURE	2uto.	P		ATTENDING	MEDICAL STA	CIAN	1 1	87
TO HOSPITAL retoined by the TO FUNERAL should be detroined to the State with the State IMPORTANT: I		Arthur L	RU	DOM		MESOMINS	1	y AND	5112	7
BP		Burial, CREMATION, REMOVAL	23b. DATE 9/16/	87 F	leas	ant Valley	23d LOCATION CITY OF TOWN Westm:	inster	Carroll	STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)				ington ., West			REC'D. BY REGISTRAN	16 .	rider . Red	



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5	5	7	6	SEP	15	87	FASED N

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGYENE CERTIFICATE OF DEATH

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1-	-	REGISTRAR				CENT	TEATE OF BEATH	REG.	10.		
15		EASED NAME	BERT	DANI	WOOLE	BLAC	V.	DATE OF DEATH	100 107		1 HOUR
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1	1.5E)	MALE		4 RACE WHITE		05"/	716/18 "***	69	Contract of the Contract of th	DHIHS DAYS	HOURS MI
5		ARYLAND	FOREIGN	U.S.A.	WHAT COUNTRY?	MARRIE	NEVER MARRED	* BALTIMORE CITY CARROLL	OR COUNTY C	OF DEATH	
0	10000-00	STMINSTER	ATH		HOSPITAL NURSIN		AL HOSP.	DRILLER BOX	OL MORENG TELL	CEMEN	CO.
5	TD S	L RESIDENCE IF NO TATE	CARR		UNION BR		NE NSIDE CITY LIMITS?	205°S. ADPEN	ŔŎŜĔ <sup>©</sup> ŜT	· .	21791
0		ROY C. BL	ACK	MECHE	1451		FRANCES I	RENE BOHN		LAC	st
1	NO	AS DECEASED EVEN	NON!	MED FORCES?	18-24-20		SUSANNA G. B	LACK 2	05 S. P	ENROSI	E ST.
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		Conditions, if any	modiate	DUE 10: 0	OR AS A SONSEQUE	NCE OF	heart des	ie		41	74
		covse (a), stati underlying cous		DUE TO, C	OR AS A CONSEQUE	ENCEON			Alle:		
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2	TIFICATION	19a DATE OF OPERA	TION	19k COND	DITION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES   NO			NGS USED S OF DEATH?
9	CAL CERTIFI	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	DEINJURY LM. MONTH D.	AY YEAR	21t. HOW INJURY OCCUR	RRED ( CHITTE WATER OF PA	USE TO THE 18 PAR	at I CREARED	
	MEDICAL	214 INJURY OCCUP			OF INJURY IREET, FACTORY, OFFICE T	ARM ETC.)	717 LOCATION	CHTCE		COUNTY	\$1.416
		27s.1 certify that II saw the decou above, (I) (**e)			97 19	Jan	nd that in (my) ( ) opinion	toN and the	***	ond from the	that (I) (
		27h SIGNATURE	A	Caro	cake	my	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []	9/1	5 9 82
/		224 PHYSICIAN S	村(	ARICO	FE MI	D.	P.O. By M	Union	Brig	ge, 1	M 217
1	73a f	BURTAL	, REMOVA				CEMETERY OF CREMATORY	UNTONT	OWN CA	RROLL	MD
Antoni	24. FL	WERAL DIRECTOR	or on	100	THITCH	nn-ra-c	25a DA	TE REC'D. BY REGISTRA	R 256. REGISTR	AR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

ATTENDING PRYSICIAN, The

TO HOSPITAL

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D. D. HARTZLER

UNION BRIDGE, MD

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA HYGIENE

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REG. N	10.4			
OF DEATH	MONTH	DAY	YEAR	26

. RE	GISTRAR								REG. NÖ				
1. DECEAS	SED NAME	FIRST		MIDDLE	71538	LAST		20. DATE C	F DEATH A		DAY Y	EAR	26 HOUR
			7		Bliz	zzard		9/1	1/87				6.2
3. SEX		4.	RACE			OF BIRTH	Y-70	6. AGE IN	YEARS LAST BIRTH	IDAY)	IF UNDER		IF UNDER 24
fer	male		W		I ON	17	1887	10	0	YRS.	MONTHS	DAYS	HOURS
	PLACE   STATE OR	FOREIGN 7t	CITIZEN OF	WHAT COU	NTRY? 8	IED NEVER		9. BALTIM	ORE CITY OR		Y OF DEA	TH	
US	A Mar	yland	l U	SA	WIDOV		ONORCED [	Car	roll				
10 CITY C	OR TOWN OF DEA	ATH 1			URSING HOME	OR OTHER IN	STITUTION		OCCUPATION OF THE PROPERTY OF				BUSINES
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USUAL RI	ESIDENCE IF NURS	136. COUNT	THER INSTITUTION.	GIVE RESIDENCE	E BEFORE ADMISSION	1 13d INSIDE	CITY LIMITS?	13e. STREET	ADDRESS				
	Md.	136 COUNT	roll	Syke	sville	YES MX			0 Thi	ra I	Ave.	2	1784
14 FATHE	R'S NAME FIRST	MI	DDLE	LAS	ST		R'S MAIDEN N		MIDDLE			LAST	
	James		11 30	Bea			therin	le .			Jo	nes	
160. WAS	DECEASED EVER		ED FORCES?		L SECURITY NO.				ADDRES	PA.	IRHA	VEN	
		19.00			-12-008		Consta	intine	U.C.	720			Ave.
18	CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse per	line for fari,	161, 6hd 18,08	8	11-1-				BEI	PPROXIM	NATE INTERV
	PART I. DEATH W	AS CAUSED	CAUSE (a)	COM	1G-EST	TUE	HEAR?	FA	Lun	E			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 6 6 9 4 1 SEP 28 87 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH Lost 2b. HOUR 1. DECEASED-NAME GENEVA (Type or print) (NO) W 22 L 20] 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR 3. SEX AGE (In veors lost birthdoy) HOURS 08/18/21 66 WHITE FEMALE 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country MARYLAND U.S.A. CARROLL WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 114 gire streeBROADWAY during most of mother than even if retired.) CHOOSENTING UNION BRIDGE PRESTON STREET, BALTIMORE, MARYLAND 21201 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? CARROLIOUNTY UNION BRIDGE YES NO III 4 E. BROADWAY 21791 YES Middle 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost JOSEPH SYKES SUSAN E. WALSH 160. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (Yest no, or unknown) 215-20-7658 JOHN D. BOONE 114 E. BROADWAY APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse equires that the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DIVISION OF VITAL RECORDS. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO T YES T 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY 6 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (1) this haspital) attended the deceased from. and that in (my) four) opinion death occurred on the date and hour and from the saw the deceased alive on\_ causes stoted obove (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DIRECTOR ATTENDING DIRECTOR DEGREE PHYS det 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) shauld t 230. BURIAL, CREMATION REMOVALES DEPOT AL. 09/25/87 NAME OF CEMETERY OR CREMATORY
MOUNTAIN VIEW 23b. DATE 2 24. FUNERAL DIRECTOR UNION BRIDGE, MD HARTZLER DHMH - 16 3/72 25M Julia Dividson Randallo (VR A15 (4))

STATE OF MARYLAND

SER 2 5 1987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE BEGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWN MONTH YEAR 26. HOUR (TYPE OR PRINT) ESTI-DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 25. DATE LAST BIRTHDAY) PRONOUNCED MONTHS 10 7 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED -DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIEE, OR INDUSTRY OSTAL SERV 13d INSIDE CITY LIMITS? NO S 15. MOTHER'S MAIDEN NAME mma 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. AND ON O PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (6) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [] 岩 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 38 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, II. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion death resulted furth Suicide Homicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 0 230. BURIAL, CREMATION, REMOVAL 236, DATE BP 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77

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nay be page 3	(14	PE OR PRINT)	34 Bernadett	e BURTON	9 7	87 4304
moy pod	3. S		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
ge 4		Female	Cauc.	3 1 1952	35 YRS. MY	ONTHS DAYS HOURS MIN.
eoth. Pagentral dir.	70.1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY USA		9 BALTIMORE CITY OR COUNTY OF Carroll Co.	OF DEATH MD.
	1/	Vestminster	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 2370 Tyrone		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TEACHER	126. KIND OF BUSINESS OR INDUSTRY School
AND 212	130	STATE 13b. CO	or other institution give residence before unity 13c. CITY OR TO Westmi	WN 13d. INSIDE CITY LIMITS?	2370 Tyrone Ro	ad 21157
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MORE.	16a	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 214-50		ADDRESS E. Burton 13e	
N. A.		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line for (g), (b), c ISED BY: IATE CAUSE (o) Hepa;	/		BETWEEN ONSET AND DEATH
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RDS, 20 equires. Then plo r to burn injery, o	NO.	PART 2. OTHER SIGNIFICAN	T CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
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ral OR y the horal sal DIRE; detoched one Dept. UT: If hem		226 SIGNATURE Com. C	Wheeful	DEGREE ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED 9/7/57
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DHMH-16 30M 2/B0	24.	FUNERAL DIRECTOR 41			E REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
(VRA 15, 4)	Re	bert K. Pri	tts, Sr., West	minster, MD CF	1 4 198/	door-Mariane

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTALLY GIENE
CERTIFICATE OF DEATH

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"	REGISTRAR		CERTIFICATE	14/65	REG. NO		
	1. DECEASED NAME FIRST	MIDDLE	LAST	2a. [	DATE OF DEATH MONTH	DAY YEAR 26 HOUSE	П
	There	esa E.	Charles		9 6	08/04/	M
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AC	GE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN	Ş.
	Female	White	January 20		85 YRS.		
	70. BIRTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED 9 BA	ALTIMORE CITY OR COUNTY	OFDEATH	
1	Maryland	U.S.A.	WIDOWED D	NORCED [	Carroll Cour		AD
	Westminster	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Carroll Count	y General H	(TYP	USUAL OCCUPATION PE OF WORK FOR MOST OF WORKING LIF  State Md. Ret.		R
5	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 130 COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TOWN Baltimor	ADMISSION) N 13d. INSIDE C	NO [	street address 2918 Bayonne	Avenue 2121	4
3	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER	S MAIDEN NAME	WIDDLE	LAST	П
		J. Tilghma	an	Emma	N.	Reddish	
2	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SECU	RITY NO. 17. INFORMA	ANT Finksb	urg ADDRESS Me	aryland 21048	
	No	216-07-1	023 Dr. F		Ashburn 2409	Sandy Mount R	d
,	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR'S A CONSEQUE  DUE TO, OR'S A CONSEQUE  DUE TO OR'S A CONSEQUE  CONDITIONS CONTRIBUTING TO D	Levo:	TO THE TERMINAL	DISEASE OR CONDITION GIV	VEN IN PART ITO	
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	OR CONTRIBUTING CAUSE OF DE- LIFETHER NOTEY MEDICAL EXAMINES  714. INJURY OCCURRED  175. Certify that I has beginned on the described offering the Modern Library (clid Library)  175. NATURE  THE PHYSICIAN 5 NAME (1980)  Dr. Richard	ATH HOUR A.M. MONTH DA P.M.  216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY	Y YEAR 19 21f LOCATI STREE  Ond that in 1999 DEGREE  22e ADDREE  Carr	ON T 19 7 (our) opinion death ATTENDING DIR PHYSICIAN DIR SS COll Count	CITY OR TOWN  10 SEPT ON TOWN  10 OCCUPRED ON THE date and house EDICAL STAFF RECTOR PHYSICIAN STAFF PHYSICIAN S	COUNTY STATE  19 7. that y (we) love and from the couses stated  22c. DATE SIGNED  10 Sept 8	151
	230. 8URIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR		3d. LOCATION	COUNTY STATE	
	Burial	Sep 12 1987 Mc	oreland Memo		Baltimore	Maryland	
	24 FUNERAL DIRECTOR Leonard J. Ruch	k, Inc. Baltimor	re, Maryland		1 5 1987 Julia	Dividen Randows	

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FOR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYC'S

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DHMH - 16 6 (VRA 15, 4)

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## STATE OF MARYLAND

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			1-	STATE REGISTRAR	DEPAK	CERTIFICATE OF DEATH	REG. NO.	3 0 9
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9	p b		3. SEX		4. RACE	5. DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS
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3	beer mit.	<b>à</b>	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
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S	R: VSe	E SI			ital) attended the deceased fram		, to 1'	
AHIE	RECTOR hed for u	121		saw the deceased alive on	ot view the body after death.	, and that in (my) (our) opinior	death occurred on the date and hour	and tram the causes stated
OR A	hed hed	÷ e		226. SIGNATURE	W.	DEGREE		22c. DATE SIGNED
		*		- Cle	1/2 MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/28/87
H	by VERA	Z		22d. PHYSICIAN'S NAME (TYPE C	AIR9 RC	22e ADDRESS		11
HOSPITAL	etained by th TO FUNERAL should be deta with the State	MPORTANT		Flic Mo	7	11.45 /1	herty Road E	derchire. MD
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				URIAL, CREMATION, REMOVAL	/	1	CITY OR TOWN	COUNTY
	BP		R	URIAL	10-1-188,1	JULANSY VAILSY	limonium	SALTO. 1710.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME

EVANS CHAPSLOFEHIMES YORK ROAD

250. DATE REC'D. BY REGISTRAN

OCT -: 1 1987

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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FOR - STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL H	GIEN
CERTIFICATE OF BEATH	1

6 1250 DATE DECIDE BY REGISTRAR 256 REGISTRAR'S SIGN TUDE

SEP 10 1987

		REGISTRAR			CENTITIC	ALL OF PLATE		REG, NO.		
١		EASED NAME F	FIRST	MIDDLE	LAST		20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
ı	1.01	EL	SIE	m	4	ARR		9 -	8-87	0217 Am
	3. SEX		4. RACE		S. DATE OF E		6 AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER I YEAR	
	i	EMALE	WH	ITE	MONTH 12	29 1917	69	YRS	MONTHS DAYS	HOURS MIN.
1		THPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	ADDIES	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
		VA.	US	in .	WIDOWED [	•	CAL	ROLL		MD
	10 CIT	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OTHER INSTITUTION	17a USUAL OC	CUPATION R MOST OF WORKING		OF BUSINESS OR
	We	ESTMINSTE	R CARR		ITY G	ENERGE / to	0.7	IBLEE	(INC) INDOSTRI	
di	₩5UA 13a. S	L RESIDENCE (IF NURSING TATE	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AL		INSIDECITY LIMITS?	13e STREET ADI	ORESS / ZIP CO	DE 2/17	184
>	n		ARROLL	ELVERSBU	7 4	ES NO		HEATH		16415
1	I4 FA	THER'S NAME	WIDDLE	LAST	15	MOTHER'S MAIDEN N		MODLE	LA	\$1
		CHARLES	P	e Dounk	a	MINNIG	-			4BERS
		AS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURI	TY NO. 17	INFORMANT		ADDRESS		41
		No	NO	228-16-5.	359 7	TOO EPH DA	ree 1	609 HE1	THER I	4819475
		18 CAUSE OF DEATH	Enter only one couse per	line for to), (b), and )	C1.1	4			APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS	CAUSED BY MEDIATE CAUSE (0)	Respriat	mon	Arrest			mi	nutes
			DUE TO O	R AS A CONSEQUEN	CE OF 11	1. 1 -1				4
		Conditions, if any, w	hich (b)_		14	epatic tach	we		nu	nine
		gove rise to immed couse (a), stating		R AS A CONSEQUEN	ICE OF A .		1	n /		
		underlying couse	lost.	Metautati	¿ Ad	ensearchon	ue of	oln	1 4	are
		PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE C	R CONDITION (	GIVEN IN PART 1	0
	o l	Maln	writion,	O Sesite						
	S	190 DATE OF OPERATIO	1%. COND	ITION FOR WHICH O	PERATION	WAS PERFORMED	200 AUTOPS		YES, WERE FINDI	
	CERTIFICATION	Sec. Disc.					YES N	_	YES	NO 🗆
	Ü	21a, ACCIDENT WAS UNDERL	110110	FINJURY M. MONTH DAY	VEAR 7	16 HOW INJURY OCCU	RRED (ENTERNATUR	OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
	N N	OR CONTRIBUTING CAU	SE OF DEATH	M.	19					
	MEDICAL	214 INJURY OCCURRED	CAT HOME ST	OF INJURY		II LOCATION		ITY OR TOWN	COUNTY	STATE
	2	AT WORK NOT WHILE		THE	A	1Slee		M		
		22a.1 certify that (1) th		e deceosed from	mari	19_1	to	11-	_, 19,	that (I) (we) lost
		sow the deceosed obove (1) we) (did	olive on Sew the body	ofter death.	, ond	hot ir (my) our) opinior	deoth occurred o	n the dote and h	our and from the	couses stoted
		226. SIGNATURE	nis		DE	GREE	MEDICAL	CT AFF	22c. DATE	SIGNED
1		/	1 cvan		77	1) ATTENDING PHYSICIAN	DIRECTOR [	STAFF PHYSICIAN	17/8	187
1		22d. PHYSICIAN'S NAM	E (TYPE OR PRINT)		2	2e ADDRESS				
	23a B	URIAL, CREMATION, REA	MOVAL Z36 DATE	[ 23c. NA	WE OF CEN	ETERY OR CREMATORY	73d LOCATIO	ON		

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked at them 18 shows any injury, at ather traumatic event, the medica

HT. F.H. SYKES VILLE,

9.10-87 MT. HEBRON

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AND THE STREET OF THE STREET, AND ASSOCIATED TO STREET, AND ASSOCIATION OF THE STREET, ASSOCIATION OF THE STR

Germanian general gene

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

066233 SEP		FOR TATE EGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	
moy be r, poge 3 ther death		CEASED NAME FIRST FOR PRINT) MATY	Lucille 4. RACE	Dean  5. Date of Birth Month Day Year	20 DATE OF DEATH N	9 17 8 7 9:35 Am
unerol director	M	TEMALE IRTHPLACE (STATE OR FOREIGN COUNTRY)  ATY ANA	White The CITIZEN OF WHAT COUNTRY? U.S.	8 /6 92 8 MARRIED   NEVER MARRIED   DIVORCED	9 BALTIMORE CITY OR  Carroll	County, MD.
in by the formal positive of the wife	5	AURESIDENCE LE NUMING HOME OR	Fair haven  OTHER LINST IT UTION, GIVE RESIDENCE BEFOR	E ADMISSION)	TEACHER	WORKING LIFE) INDUSTRY.
ARYLAND 2 huthin 2 h		ATHER'S NAME	2/ 27.14	13d. INSIDE CITY LIMITS?  YES NO   15 MOTHER'S MAIDEN NAM  ENST	13e.STREET ADDRESS / 7200 ME	Third Ave.
e executed to ond complements of the property		NAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT  4241 Apre COMP	ADDRES - Rux	tones md.
11 W. PRESTON ST., BALT that the death certificate be d by the attending physicio lease remove carbanipapers iol, cremation, ar removal. ar other troumatic event, the			ly one couse per line for (a), (b), or D BY: E CAUSE (a) CONSEOU  (b) DUE TO, OR AS A CONSEOU  (c)	ENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RDS, 2 equires n signe Then p to bur	TION	Congestin	e heart feile			ITION GIVEN IN PART 110  20b. IF YES, WERE FINDINGS USED
TAL RECO	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED  21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO
IVISION OF VITAL  IG PHYSICIAN: The ottending physicion for this certificate his the buriol-transit prond Mentol Hygien had or frem 18 siper	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK ALWORK	TH HOUR A.M. MONTH D	19 21f LOCATION	CITY OR TOW	
OR ATTENDIN DR ATTENDIN e hospital or ched for use o ched for use o ched for use o the for the offit			t view the body ofter death.	DEGREE		te and hour and from the causes stated  22c. DATE SIGNED
O HOSPITAL I merced by the market by the market of the market be detected in the State of the St		278 PHYSICIAN'S NAME (TYPEO	PRINT) TAN MD	ATTENDING X PHYSICIAN X 127e ADDRESS 1645 LIBEA	DIRECTOR PHYSICIAL PHYSICIAL	
BP	1	BURIAL, CREMATION, REMOVAL	23b. DATE 9-18-87	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITYOTOWN	stead Carriel simd.
DHMH - 16 60M 7/B4 (VRA 15, 4)	74 F	SAIGHT F.H.	SYKESUILL	e, MO SEF	1 8 1987	Sh. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGO **CERTIFICATE OF DEATH** 

0668607 SEP	25	EOS ATE REGISTRAR				NENT OF H	EALTH AND	MENTAL HYG	REG. NO	2 6 1 1/4 2 1/4	3 1	-6
y be age 3 deoth		CEASED NAME OR PRINT)	MO	RY	R.	Dec	Ker		angust	27,	DAY YEAR	2h. HOUR
mo ma	3 SE)	Femal	a	Cau		5. DATE C	F BIRTH	YEAR 20	6. AGE (IN YEARS LAST BIRT	YRS	MONTHS DAYS	IF UNDER 24 HRS.
1 135		RTHPLACE (STATE OR FO		US	WHAT COUNTRY?	WIDOWE	D DI	MARRIED	9 BALTIMORE CITY OF Carroll			MD.
O Pales	7	TY OR TOWN OF DEA	rer	(IF NOT IN SUC		ADDRESS)		Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Springfie	WORKING LI		4 /
24 PS 34 PS	13a. S	Md .	13P CON.	rol1	13c. CITY OR TOW Finksb	N	YES 🗌	NO 🔀	3202 Mur			048
29.00 mars		William William	Al	bert	Fromm		(	s maiden NAM Caroly	MIDDLE		Davi	ST . <b>Š</b>
TIMORE on and a Life party of the control of the co		VAS DECEASED EVER I LES NO OR UNKNOWN)		MED FORCES?  WAR OR DATES)	216-16		Rayı		. Decker	13 e		
DS, 201 W. PRESTONST. BA quires that the doct and look vigined by the other drips their groups removes commonstration to being it commons or removal quy, or other froumants event.	NO	Conditions, if ony, gave rise to imm couse (o), stoting underlying cause	which ediate the last.	DUE TO, OI  DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CONSEQUE  R AS A CONSEQUE	NCE OF	is Ha	ant Dis	INAL DISEASE OR CONE	DITION GP		IMATE INTERVAL ONSET AND DEATH
AL RECOR	THECATI	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	200 AUTOPSY? YES NO	IN CERTIF	S, WERE FINDING CAUSES	
SICIAN.	CAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT		M, MONTH DA	Y YEAR			ED (ENTER NATURE OF INJUR	Y IN ITEM 18 I	PART 1 OR PART 2)	
WYSION AC PHYSION The this so the by A and M.	MEDI	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e PLACE (	OF INJURY BEET, FACTORY OFFICE F		21f LOCATION STREET	Ť	CITY OR TOV	VN	COUNTY	STATE
ATTENDE Popular or ECTOR: A of fee site of all the of m 21 is me		22a.1 certify that (1) saw the decease above, (1) (we) (d	d alive an_	ange	- 27 19 E	37 , or	d that in (my)	1, 19 87 (our) apinion o	to anguet death accurred on the do		ur and from the	
TALOR NATION OF THE PROPERTY O		226 SIGNATURE	-	Jarshy	m.D.				MEDICAL STAF	F IAN 🗌	8/2	7/87
TO HOSPIT		JOHA	1 5.	HARSH	1		8 au	char	w. Westing	inter	med, 2,	1157
BP	Βú	urial, cremation, i		23b. DATE 8/29	/87	Ever		CREMATORY  Memol		burs	Carro	oll MD.
DHMH - 16 60M 7/84 (VRA 15, 4)		bert K.	412 Prit	Washi ts, Sr	ngton R We sw	oad tmin:	ster,	MID DEP	2 1987	ISB. REGIST	TRAR'S SIGNA	History

067223 SEP

1				SIAI	E UF MAKTLAND	45	7 1 7	
1	1.	FOR	DEPART		EALTH AND MENTAL HYG	IENE 2 6	0 1	>
		REGISTRAR KENDET	The A	CERTIF	ICATE OF DEATH			4
4	B DEC	BASED NAME FIRST	MIDDLE		AST	REG. NO.   2a. DATE OF DEATH MONTH	DAY YEAR	101 (1011)
	UA	PRINT) DENILLO		T	Juco	26. DATE OF DEATH	01 07	26 HOUR
		NOUNC	h Hlbert		YCR	7	0881	1/01M
1	3 SE)	4.5	RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	1	111	W	3 T	9 27	59	RS. 5 11	HOURS MIN.
4			CITIZEN OF WHAT COUNTRY	8	•••	9 BALTIMORE CITY OR COU		
7	20.00	arvland	U.S.A.	1	NEVER MARRIED	Carroll (	Co	
S.			NAME OF HOSPITAL, NURSI	WIDOWE		120 USUAL OCCUPATION		MD
	iA	E3 / 200 10 10 10 10 10 10 10 10 10 10 10 10 1	(IF NOT IN SUCH FACILITY, GIVE STREET		OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKI		OF BUSINESS OR
0	W	STHUIUSTER (	word (0	Gen	eral Hosp	Machinest .		
-		TATE TISTE			13d, INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP C	Road	2177
4	100	The cooling	erick Mt. Ai	rv	YES NO TE		PATA	+017.
7		THER'S NAME			15. MOTHER'S MAIDEN NAM		219	wy
0	7	FIRST MIDE			FIRST	MIDDLE	CIAS CIAS	
S.	160 VA	Eugene /	Dyer D FORCES? 166 SOCIAL SECI		Emma 17. INFORMANT	ADDRESS		ook
H		ES. NO OR UNKNOWN)   (IF YES GIVE WA	AR OR DATES)					
p		Yes 1955-1	1957 217-24	<u>-8368</u>	Freda L. D	yer, Same as	s # 13	
		18 CAUSE OF DEATH (Enter only o	one couse per line for (a), (b), ar	nd (c).1		1000	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED B'	1 / 100 1	110-1	CESPINATO	RY ATREST	V	
		MMEDIATEC						
1		C to g	DUE TO, OR AS A CONSEQU	ENCE OF	AN11071- 1	1118		
1		Conditions, if any, which gave rise to immediate	(b)	/	1 and	001.		
1		couse (0), storing the	DUE TO, OR AS A CONSEQU	ENCE OF				
ı		underlying couse last.	(c)	LL 11/02/				
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 1	0
	CERTIFICATION	X/IFFUSE	Pulmma	Ru "	ELMOSIS			
7	AT	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b-H	YES, WERE FINDIN	NGS USED
	F						RTIFYING CAUSES	
	ERT	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121, HOW INTERVOCCUER	YES NO	YES [	NO [
1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR	THE HOW HAJORT OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	A 18 PART T OR PART 2)	
	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
- F	~	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			

NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from

and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

72b. SIGNATURE

ATTENDING MEDICAL STAFF

77). DATE SIGNED

230 BURIAL, CREMATION, REMOVAL Buria]

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Belair COUNTY

Md.

DHMH - 16 60M 7/84

Belair Mem. Gardens Burrier, Jr., Sykesville, Md.

9-23-1987

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SEP 2 5 1987

(VRA 15, 4)

should be detached far use as the burial-transit per with the State Dept. of Health and Mental Hygigne

TO FUNERAL DIRECTOR:

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orked or Item

MPORTANT: If Hem 21 is

Charling M. Berrist Ir. Sykosyllia, Md. (2) 2 7 1887 . This was a continued

A STENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be haspital or attending physician.  RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 and for use as the burial-transit permit. Then please remove carbonopapers. Pages 1 and 2 should be filled within 72 hours after death put of the cliff and Mental Hygene prior to burial, cremation, or removal.  Permit and Mental Hygene prior to burial, cremation, or removal.  MEDICAL CERTIFICATION	674	64	OCT -	1. DE
he death certificate be executed within the offending physician and completely femore carbonicopers. Pages 1 and 3-bo mytion, or, emoryal.	24 haurs offer death. Page 4 may b	lled in by the funeral director, page	most be positived or large.	3. SE 10. C 10. C 130. S
	he death certificate be executed within ?	ne attending physician and campletely fi emaye carbangapers. Pages 1 and 2 sho	r froumatic event, the medical examinery	14 F/

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74	6 4 OCT -	31	FOR TTATE			DEPAR	TMENT OF	HEALTH AND MENTAL Y	SIENE & Q		
1 1	0 4 001	72	REGISTRAR				CERTI	FICATE OF DEATH	REG. NO.		
			CEASED NAME	FIRST		MIDDLE		LAST		NIH DAY YEAR 26	HOUR
pe	page 3	(TYPE	OR PRINT)	1	-	nav	F,	6601+7	9	24 87	5.35.
may	pod er de	3. SE	X	1	1. RACE	7 0. 7	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF	UNDER 24 HRS
4	s offi		Female		CAUCA	Sida)	MONT	H DAY YEAR	69		OURS MIN.
Pog	dire		RTHPLACE (STATE OR	OREIGN		WHAT COUNTR	Y? 8.		9 BALTIMORE CITY OR C	OUNTY OF DEATH	
ath.	72		Maryland		US	Δ	MARRIE	ED NEVER MARRIED DIVORCED M	Cappall	COUNTU	445
op 1	Pa Pa	10. CI	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION	126 KIND OF B	USINESS OR
#	d th	1.	ockon ne i	2	CAP OA	CH FACILITY, GIVE STRI	EET ADDRESS)	enal Hr.	Inspector		Mfg.
6/0	o in b	NoU.	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION	erent nesp			mrg.
24 4	Page 4		aryland	Cari		Hamps		YES NO	130.STREET ADDRESS / ZI	Paul St. /	21074
i i	S S S S S S S S S S S S S S S S S S S		THER'S NAME	-		1		15. MOTHER'S MAIDEN NA		,	
b e w	Septembles Consideration		Geor	ge M	Mill	er		FIRST	Evna V. Ca	lp LAST	
xeco	Pages 1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SE		17. INFORMANT	7132 Cui ippy, Baltimo	nning Circle	
9	S. Po		no			217-18-	-8898	Kenneth L. L.	ippy, Baltimo	re, MD 21220	0
ofe	hysicie paper aval. ent, the		18. CAUSE OF DEAT	H (Enter on)	y one couse per	line for (o), (b),	ond rc	0 0	CIA	APPROXIMAT BETWEEN ONS	E INTERVAL
rtific	on on one one one one one	à	PART I. DEATH W		E CAUSE (o)	Ma	serve	Cicull	CVA		1
h ce	ortending ove carb tian, or r ourrefic	à	THE PERSON		DUE TO, O	R AS A CONSEC	UENCE OF			9/21	18/
dea		57	Conditions, if any,	which	(b)_					10	
the	the rem		gove rise to imr	g the	DUE TO, O	R AS A CONSEC	UENCE OF			9/2	Lu 87
that	d by lease ial, cr		underlying couse	lost.	(c)					11.	110/
quires	Then plant to bur njury, o	NO	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS	ONTRIBUTING TO	Wati	NOT RELATED TO THE TER	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 110	
36	prior.	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WHI		ON WAS PERFORMED	20a AUTOPSY? 2	DE IF YES, WERE FINDINGS	
he lo	K se so	I H							YES NO	CERTIFYING CAUSES OF	DEATH?
N. T	herrial-transit   Mental Hygies   Act   Mental Hygies   Act   Mental B sha	CER	21a. ACCIDENT WAS UNE		216. TIME C	OF INJURY .M. MONTH	DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
ICIA 9 pt	certification and them	1 V	OR CONTRIBUTING			M. MONTH	19				
HYS	d Me	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	s samu stol	211 LOCATION	CITY OR TOWN	COUNTY	STATE
o#e	ter t is the h and rked	Z	WHILE NOT WE AT WO	RK R	(AT HOME, ST	REET, PACTORY, OFFIC	E, FARM, ETC.)			1 / -	
10 J	R. Af		22a.1 certify that (1)	(this hospit	ol) ottended th	e deceased from		9 2 19 8		124.19.87 , tho	t (t) (we) lost
TTE	for of H		saw the decease above, (I) (we) (c	ed alive an a	view the body	1/24 19	8/.0	nd that in (my) (our) opinion	death occurred on the date	and hour and from the cou	ses stated
OR A	DiREC sched Dept f ftem		226. SIGNATURE		Dem	0		DEGREE		22c. DATE SIG	NEPCO
AL O	detocate Date D				086	Lala	na	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/20	1/8/
SPIT d by	I be St		22d. PHYSICIAN'S N			1 A-		22e. ADDRESS	0 0 0	1 . 0	AM
O HOSP etained k	should be deto with the State I		D.2.	KA	TLAR	-17		1 908 Was	hungton Ka	western &	uslu g
7 9	F 3 3 2	23a. B	BURIAL, CREMATION,	REMOVAL	Sept.	28,	. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
ВР		1	Burial		1987	T' G	race U	Meth. Cemete	ry Hampstead,	Baltimore,	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR J. J. Hartenstein,

24 Second St. New Freedom, PA

matory 23d location City or Town
metery Hampstead, Baltimore, MD STATE
250. DATE REC'D. BY REGISTRAR 234-REGISTRAR SSIGNATURE
OCT 0 1 1987 Alla Dandon Rudous

067161 001-281 AVO Staw guessile large that the Matin Harriston (3) 15 p. 100 p. 908 Washington Fed Hissophicalist D.S. KALARIA 101 0 18 fine a chart Take

5	7.6	S SEP	16		FOR STATE REGISTRAR			MI		STAT RTMENT OF H	EALTH		0	GIENE F DEATH	2 6	3	1 5		
0		9 021		1. DEC	EASED NAME		FIRST	7711	WIDDIE		EK 3 C	LAST	TE OI		ATE KNOWN	NO.	H DAY	YEAR	ZE HOUR
		SS. S. S. T.		(TYPI	OR PRINT)	.To	osephi	ine	Ma	rie	F376	erhart			OF ESTI-			19 87	28 11001
		NECESSARY, PLEASE NUMBER DIRECTOR. E.B. FOR YOUR FILES. W. WITHIN 72 HOURS W. PRESTON STREET,		J. SEX	male	4 RACE White	5. A	DATE OF BIRTH	YEA	6. AGE (IN YEAR LAST BIRTHDAY	RS IF UN	IDER 1 YR. IF	UNDER 2	MIN PROM	DATE NOUNCED DEAD	MONTH	DAY	YEAR 19 87	6:02
		VECESSARY UNERAL DIS FOR YOU WITHIN 72	0	P.	RTHPLACE (ST REIGN COUNTRY)	ta	7b.	U.S.			MARRI	ED NEVER	MARRIE	DU	Carrol:		NTY OF D		AAT
	15	DELAY REPERENCE	60	)we	stminst	er	0	Carroll	Coul	nursing home, ve street address) nty Gener	ral I	ER INSTITUTIO (DO Hospita	A)	120 USUAL O	CCUPATION OF WORKING LIFE) LSEWITE		126 KIN	ID OF BUS INDUSTR	SINESS
	.21201	ANA	5	USUA 13a. S1	ATE Md.	IF IN NURSING	COUNTY Carr	HER INSTITUTION.	GIVE RESIDE	NCE BEFORE ADMISSION ITY OR TOWN <b>NChester</b>	0.11	13d. INSIDE CITY E		13e. SIREEL A	DDRESS Bachm	ans Va	alley	2110 Rd.	02
	ORE, MD	DEATH. II	0			1 Sch				er teon		15. MOTHER'S FIRST	Jose		WIDDLE		Pfai	Ť	
	BALTIMORE	SAFTER IS GIVE P TH FOR PAGES VISION	1	ióa W	AS DECEASED S, NO OR UNKNO Yes	EVER IN (	J.S. ARMED YES, GIVE WAR WW	FORCES? OR DATES)		7-10-467		John T		erhart	2405°R Manch	Báchma ester	ans V	alle: 2110	y Rd.
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Mondonster, Md.

Burial Sept. 14,1987 New Lutbergn Cenetery Munchester, Cercoll, Mc.

		ton.	STATE OF MARYLAND	
	1-	FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0
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	30	TOWN YA	CHADIAC CADEFO DEATH MATED OF	DAY YEAR 26. HOUR
EASE TOR TILES DURS REET	3. SEX	II. RACE S. DA	ATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d, HOUR
PLI REC UR F 2 HG	4	DIE VIBLIETE MO	NTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	5 on 1150
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S NECESSARY PLEASE E FUNERAL DIRECTOR. S FOR YOUR FILES. IN WITHIN 72 HOURS	W.	REIGHEOUNTRY ( MAN 1)	MARRIED NEVER MARRIED CALL	1012- 40
A STREET	10.C			12b. KIND OF BUSINESS OR INDUSTRY
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2.77.2.0 etc.		AL RESIDENCE (IF IN NURSING HOME OR OTHE TATE 13b. COUNTY	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13c, CITY OR TOWN  13c, CITY OR TOWN  13c, CITY OR TOWN  13c, CITY OR TOWN	4.77 France
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LTIMOI AFFER IVE NVE B SIG	16a. V	VAS DECEASED EVER IN U.S. ARMED F ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OF	R DATES)	
, BALTIMORE, DURS AFFER DE 8. GIVE PARE WITH TO T. PAGES DIVISION		No none	218-40-7053   Gary D. Garber   New Windsor	
38.5		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVIS E: THIS CER E: WRITING E: WARTING E: PAGE 3 STATE DEF	2	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	NTY STATE
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THE FOUND.		death resulted from: Natural cod		nion .
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DICAL EXAMINER: T FE THE CERTIFICATE, 4 SHOULD BE FORW NERAL DIRECTOR: P. ORE, WITH THE ST ORE, MARYLAND, 217		ACTUAL SIGNATURE	M.D. S. MEDICAL EXAMINER SIGNED	4-15-07
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DECTOR: AFTER DEATH, WITH THE S BALTMORE, MARYLAND, 2	23a.B	URIAL, CREMATION, REMOVAL 236. DA	ATE 23c. NAME OF CEMETERY OR CREMATORY AND COUNT COUNT COUNT	TY STATE
BP		Burial 9/2	28/87 Pipe Creek Cemetery Nr. New Windsor Car	
DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR, 250, REGISTRAR'S SIG	
15M7/77		D. D. Hartzler	New Windsor, MD SEP 29 1987 July Danton	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENITAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH CEASED NAME 20 DATE KNOWN 🌋 MONTH (TYPE OR PRINT) 87 DEATH MATED 19 Blanche DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 2:45 LAST BIRTHDAY) OUR DR PRONOUNCED 9-3-871997 PM White 16 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED X DIVORCED Maryland U.S.A Carroll County CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Route #26 near Arthur Shilley Rd FOR MOST OF WORKING LIFE! Winfield Housewife Somestic UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Howard Ellicott City YES NO X 3417 FontHill Drive 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elmer Engles Blanche Lupus 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS 3457 Baker Rd. No Mrs.Robert Myers 217 12 0644 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multille injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? CERTIFICATE SHOUNT TIMO THE WORDING DED TO THE CHEEN E 3 SHOULD BE USE E DEPARTMENT OF 1 20 AUTOPSY? YES. NO [ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 12:07.PM 9-3-198 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Driver in auto/auto collision EXECUTE THE CRITICALE WRITING PAGE 4 SHOULD BE ROWARDED IT TO FUNERAL DIRECTOR PAGE 3 SHOWN PROPERTY OF STATE DEPART OF STATE DEPART OF SHOULD STATE DEPART OF STATE DEPART OF SHOULD STATE DEPART OF STATE DEPART OF SHOULD S 71e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) Route 26 near Arthur Shilley Rd., Winfield, WHILE AT WORK AT WORK road Carroll County, MD Autapsy X 22a I certify that That harme of the remains described above, held an Inspection Hamicide death resulted from Suicide ..... Undetermined manner interes clauses TITLE (SPECIFY) ACTUAL 9 - 4 - 87MD Assistant MEDICAL EXAMINER SIGNATURE ADDRESS 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME Charles P. Kokes, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Elkridge Meadowridge Howard Burial 9/8/87 07/84 256 REGISTRAR'S SIGNATURE 4112 Columbia Rd. **DHMH - 17** H. WITZKE Ellicott City, Md. 21043 (VR A15 ME (5))

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL OF GIENE CERTIFICATE OF DEATH

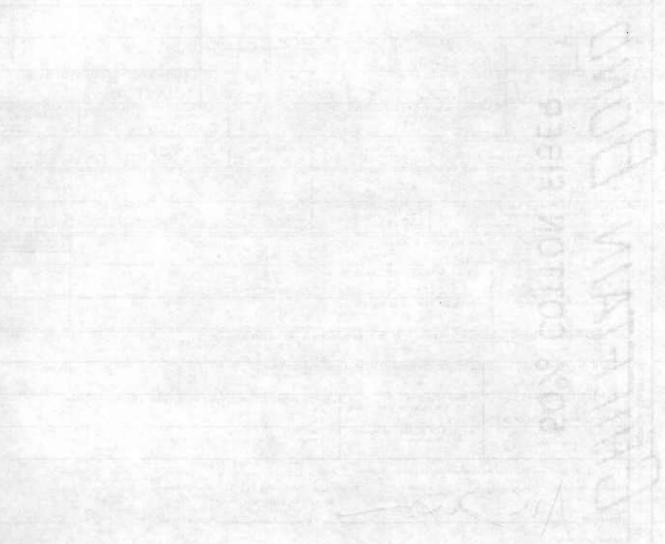
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17	no	417	1-05-8718	Mr. P	Evan	s Gorman	. Upr	erco.	Md.
	18 CAUSE OF DEATH (Enter an	ly ane cause per line far	(a) (b) and (c) )						MATE INTERVAL
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	IMMEDIA	TE CAUSE (a)	arent		0000	2/1		N.	43 CIV
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this centificate has been signed should be detached for use or the bursof-trainit permit. Then plea with the State Dept. of Health and Mental Hygiene prior to bursol.

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(VR A15 ME	(5))	HAIGH	IT FUNERAL	HOME SY	KESVI	LLE, M	D 217	84 '	OLI 4	7 190/	guita	Signed.	was Lynda	**



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar attending physician

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician alic should be detached for use as the burial-transit permit. Then please remove carban papers: Pagiwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked or Item 18 Klows any injury, ar other traumatic event, fire med.

WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD

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	5XX 5AA	23a.B	URIAL, CREMA	TION, REMOVAL 23	b. DATE	23c. NAME O	CEMETERY	OR CREMAT	ORY 2	3d LOCATION		COUNTY	C)	ATE
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25M	DHMH - 17	24. F	UNERAL DIREC	TOR	ADDRESS		THE ST		25a. DATE REC	D. BY REGISTRA	1 .	SISTRAR'S SIG		1
	(VR A15 ME (5))		HAIGHT	FUNERAL	HOME Syk	esville,	MD		SEP 2	2 1987	Julia	Devider	Randaes	

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE

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1.	-	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTALLYY CERTIFICATE OF DEATH	GIENE & O	ha ha
4 5	(TYPE	ORPRINT)  LHARLES	WIDDLE .	HILL	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 5-87 2037
	3 SE	m	4. RACE	5. DATE OF BIRTH  MONTH  DAY  YEAR  44	6. AGE (IN YEARS LAST BIRTHDAY)  93  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
5	7s. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Carroll	
40	4	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET  CARROLL  CARROLL	DUNTY GENERAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE RETIRE	12b. KIND OF BUSINESS OF INDUSTRY Petroleum
35	13a. S	TAB.	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW We stm:	insterves   NO A	Nicholson Rd	
10		THER'S NAME FIRST  James	Middle Henry Hill	15. MOTHER'S MAIDEN NA FIRST Mary	E. LO	ckard
medicol		VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)		stminsteroressMd. ckin, 1809 010	21157 d Westminste
njury, or other troumo	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF THE CONSTRUCTIONS CONTRIBUTING TO	DENCE OF A	MINAL DISEASE OR CONDITION GIV	/EN IN PART TIO
ows only in	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED TYING CAUSES OF DEATH?
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	PAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR BART 2)
orkedor	MEDICAL	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.)	CITY OR TOWN	COUNTY STATE
n 21 is ma		sow the deceosed olive obove (1) (we) (did) (did	spital) attended the deceased from an an analysis of the body after death.		deoth occurred on the date and hou	19, that (I) (we) lor and from the couses stated
T. # Her		Patter A	Tueseus	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	PLAZESIGNED
MPORTA		PATRICIC A	TURNS UD	1425 Lbe		110, mel 21)8
5	В	surial, CREMATION, REMOV SPECIFY Unial	9/18/87 We	NAME OF CEMETERY OR CREMATORY	23d LOCATION S CHY Westmin/C	cer county arroll MD
7/84		peral director	412 Washington tts. Sr., West	minster, MD 250 DA	F REC'55 1987 RAR JUREGIS	AN ANGLAS IS TO SELECT

DHMH - 16 60M 7/84 (VRA 15, 4)

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#### CERTIFICATE OF DEATH REGISTRAR REG. NO DE LEASED NAME 20 DATE OF DEATH MONTH irginia 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH TO BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED WEVER MARRIED COUNTRY WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) HOME MAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE OWINGS MILL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 1.451 MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) 110 067a 318 SANDYMONOT A 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? transit | Hygie 71g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 0 STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. 19. sow the deceased alive on\_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE MEDICAL ATTENDING STAFF be deta e Stote I DIRECTOR PHYSICIAN **PHYSICIAN** MPORTANT ld b shoul 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

BLD OHKLAND

2b. HOUR

12b KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

19\_\_\_\_\_, that (I) (we) last

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

YES [

CITY OR TOWN

OAKLAND

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ENGINE

CERTIFICATE OF DEATH . REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR EVELYN CASHINER 3 SEX LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS I-EMALE TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOSTESS ENTERTAINMENI WOULD RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZJP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? FINKSBURI CARROLL YES | 15 MOTHER'S MAIDEN NAME 17 INFORMANT IVES NO OR UNKNOWN DRIVE 2115' 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: month IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) AT WORK NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from... sow the deceosed alive on above, (I) (we) today (did not) view the body after death. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING Macame, MI PHYSICIAN DIRECTOR PHYSICIAN ADON BRANCH Com.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TZHE WE CHARLOWER THE STORY IN THE T CLEAN THE COUNTY AND THE PROPERTY OF THE PROPE THE RESIDENCE OF THE PROPERTY OF THE PARTY O person 1 - may right and grown 2 What statutes. Branchant Head History F2 -93-12 54 - 38-475 -151P CHITICARTED LA DECENTION TO A POOL FOR DESCRIPTION OF THE The state of the second of the That Hill was a serie of the company of the company

Item	5,	Film	G631	9-28-
D/	n 6	Dinth	Cont	

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	0	6.5	dia	- Rad
				166

I. DE	REGISTRAR CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
	Gene		Gil	bert	Hu	ighes	Septembe	er 06.	1987	947
3. SE	X		4 RACE		5. DATE C	_	6. AGE TIN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HR
1	Male		Whit	e	MONTH 02	2/16/ <del>38</del> YEAR 29	59	YRS	MONTHS DAYS	HOURS MI
7e BI	IRTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAAAAAA	D NEVER MARRIED	9. BALTIMORE CITY C	11101	OF DEATH	
7	Maryland		USA.		WIDOWE	DIVORCED	Carroll	BALLS		,
) c	Westminste	1	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET COURT	ADDRESS)	eneral	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Truck Dri	OF WORKING LIFE	126. KIND C INDUSTRY Beer	F BUSINESS
13a. S	AL RESIDENCE (IF NURSI STATE MD	136 COUP		13c. CITY OR TOW	'N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 200 Churc	ZIP CODE	11-0	21136
14:14	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS	
1	Charles O.	Hugh	es	LAU!		Bertie Wi	nifred Gant	z	LAS	
	WAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	200	SChur	ch Rd.	
100	YES, NO OR UNKNOWN)			214-26-0	288	Joan L. Hughe	s Rei	sters	town MI	211
	Conditions, if ony, gove rise to imm couse (a), stating underlying cause	which mediate g the last.	D BY:  TE CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)	r as a conseout	ENCE OF	CANDIAN ING				
ICATION	Conditions, if ony, gove rise to imm couse (o), stating underlying cause	which nediote g the lost.	DBY: DUE TO, O  (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO B	ENCE OF S. C ENCE OF DEATH BUT PULALS OPERATIO	NOT RELATED TO THE TERM  NOTE DIONSE  N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES	EN IN PART 1	NGS USED
RTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying cause  PART 2 OTHER SIGN  190. DATE OF OPERAT	which nediote g the lost.	DBY:  TE CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CC	R AS A CONSEQUE  R AS A CONSEQUE  DONTRIBUTING TO E  LECTURE  LITION FOR WHICH	ENCE OF S. C ENCE OF DEATH BUT PULALS OPERATIO	NOT RELATED TO THE TERM  NOTE DISCUSSED IN WAS PERFORMED  N.A.	INAL DISEASE OR CON  200 AUTOPSY?  YES NO  NO	20b. IF YES IN CERTIF	EN IN PART 111 5, WERE FINDIN YING CAUSES S	NGS USED
CAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying cause	which nediote g the lost.  UIFICANT (ION ION ION ION ION ION ION ION ION ION	D BY:  (E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  TONDITIONS CO  19b. COND  21b. TIME O  HOUR A.	R AS A CONSEQUE  R AS A CONSEQUE  DONTRIBUTING TO E  LECTURE  LITION FOR WHICH	ENCE OF  ENCE OF  DEATH BUT  PULPLE  OPERATIO	NOT RELATED TO THE TERM  NOTE DIONSE  N WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES NO  NO	20b. IF YES IN CERTIF	EN IN PART 111 5, WERE FINDIN YING CAUSES S	GS USED OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UNDO OR CONTRIBUTING C	which nediote gothe lost.  IIFICANT (ION LINE CONTROL OF DELA LEXAMINE)  RELYING LEXAMINE CONTROL OF DELA LEXAMINE CONTRO	DBY:  TE CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)  TONDITIONS CO  19b. COND  21b. TIME CO HOUR A.  21c. PLACE	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO TO  ITTION FOR WHICH  OF INJURY  M. MONTH DA  M. W. A.	ENCE OF  ENCE OF  ENCE OF  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM  NOTE DISCUSSED IN WAS PERFORMED  N.A.	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF AP YES	EN IN PART 111 5, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
	Conditions, if ony, gove rise to imm couse (o), stoting underlying cause  PART 2 OTHER SIGN  190. DATE OF OPERAT  210. ACCIDENT WAS UNDO OR CONTRIBUTING CONTRIBUTING CURR 21d. INJURY OCCURR WHILE NOTIFY MEDIC 21d. INJURY OCCURR AT WORK AT WORK  220.1 certify that (I)	which nediote gothe lost.  IIFICANT (IFICANT (IF	DBY:  (E CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CC  19b. COND  19b. COND  21b. TIME C  HOUR A.  21c. PLACE  (AT HOME, STI	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO TO  ITTOM FOR WHICH  OF INJURY  M. MONTH DA  M. MA  OF INJURY  REEL FACTORY, OFFICE, F.  RE deceosed from  Red deceosed from	ENCE OF  ENCE OF  ENCE OF  OPERATIO  OPERATIO  APY YEAR  19  ARM. ETC.)  A.	NOT RELATED TO THE TERM  WAS DIASE  N WAS PERFORMED  VIA .  211 LOCATION  STREET  19 86	INAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO	20b. IF YES IN CERTIFIAN YES	EN IN PART 111  S, WERE FINDIN YING CAUSES S  ART I OR PART 2)  COUNTY	JGS USED OF DEATH? NO  STATE
	Conditions, if ony, gove rise to imm couse (o), stating underlying cause  PART 2 OTHER SIGN  190. DATE OF OPERAT  210. ACCIDENT WAS UNDOOR CONTRIBUTING COURS UNDOOR CONTRIBUTING COURS UNDOOR CONTRIBUTING COURS WHILE NOTHER NOTHER WORK NOTHER NOTHER NOTHER WORK NOTHER	AS CAUSE IMMEDIA  which hediote go the lost.  IFFICANT (IFFICANT (	D BY:  (E CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)  Tyb. COND  2 lb. TIME C  HOUR A.  21e PLACE (AT HOME, STI	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO TO  ITION FOR WHICH  OF INJURY  M. W. A  OF INJURY  REET, FACTORY, OFFICE, F  te deceosed from  1 2 1 19	ENCE OF  ENCE OF  DEATH BUT  PULMA  OPERATIO  APP. 19  ARM. ETC.)  A. APP. OF	NOT RELATED TO THE TERM  NAS PERFORMED  NAS PERFORMED  211 LOCATION  STREET  19 86  and that in (my) (our) opinion of	INAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO	20b. IF YES IN CERTIFIAN YES	EN IN PART 111 S, WERE FINDIN YING CAUSES S  ART I OR PART 2)  COUNTY  19 A T on from the	OF DEATH? NO STATE
	Conditions, if ony, gove rise to imm couse (o), stoting underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UNDION CONTRIBUTING CIFEITHER NOTIFY MEDIC  21d. IN JURY OCCURR  WHILE AT WORK NOT WHAT WORK AT WORK  22a. I certify that (I) sow the decease	AS CAUSE IMMEDIA  which hediote go the lost.  IFFICANT (IFFICANT (	D BY:  (E CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)  Tyb. COND  2 lb. TIME C  HOUR A.  21e PLACE (AT HOME, STI	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO TO  ITION FOR WHICH  OF INJURY  M. W. A  OF INJURY  REET, FACTORY, OFFICE, F  te deceosed from  1 2 1 19	ENCE OF  ENCE OF  DEATH BUT  PULMA  OPERATIO  APP. 19  ARM. ETC.)  A. APP. OF	NOT RELATED TO THE TERM  NAS PERFORMED  NAS PERFORMED  211 LOCATION  STREET  19 86  and that in (my) (our) opinion of DEGREE	INAL DISEASE OR CON  20a AUTOPSY?  YES NO ENTER NATURE OF INJU  N.A -  CITY OR TO  TO SEP  deoth occurred on the december 19 and	20b. IF YES IN CERTIFINA YES	EN IN PART 111 S, WERE FINDIN YING CAUSES S ART I OR PART 2) COUNTY 19 7 ond from the	OF DEATH? NO STATE that (I) (we) I couses stated
	Conditions, if ony, gove rise to imm couse (a), stoting underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UNDION OR CONTRIBUTING CONTRIBUTION CONTRI	AS CAUSE IMMEDIA  which hediote go the lost.  IFFICANT (IFFICANT (	DBY:  (E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  Tyb. COND  21b. TIME C  HOUR A.  21e PLACE (AT HOME. STI  tol) oftended the	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO TO  ITION FOR WHICH  OF INJURY  M. W. A  OF INJURY  REET, FACTORY, OFFICE, F  te deceosed from  1 2 1 19	ENCE OF  ENCE OF  DEATH BUT  PULMA  OPERATIO  APP. 19  ARM. ETC.)  A. APP. OF	NOT RELATED TO THE TERM  NAS DESPRESSION  216 HOW INJURY OCCURR  211 LOCATION STREET  Add that in (my) (aur) apinion of the physician of the p	INAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO	20b. IF YES IN CERTIFIANT YES IN TEM 18 P. ONE ond house	EN IN PART 111 S, WERE FINDIN YING CAUSES S  ART I OR PART 2)  COUNTY  19 A T on from the	OF DEATH? NO STATE that (I) (we) I couses stated
	Conditions, if ony, gove rise to imm couse (o), stoting underlying cause  PART 2 OTHER SIGN  190. DATE OF OPERAT  210. ACCIDENT WAS UND! OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d. IN JURY OCCURR WHILE ALWOR ALWOR  220. I certify that (I) sow the decease obove, (I) (we) (d) 22b. SIGNATURE	AS CAUSE IMMEDIA  which hediote go the lost.  IFFICANT (IFFICANT (	DBY:  (E CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO  19b. COND  21b. TIME C  HOUR A.  21c. PLACE (AT HOME, STIL  tol) oftended the  riview the body	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO TO  ITION FOR WHICH  OF INJURY  M. W. A  OF INJURY  REET, FACTORY, OFFICE, F  te deceosed from  1 2 1 19	ENCE OF  ENCE OF  DEATH BUT  PULMA  OPERATIO  APP. 19  ARM. ETC.)  A. APP. OF	NOT RELATED TO THE TERM  WAS DESCRIBED  VIA  211 LOCATION  STREET  19 86  and that in (my) (our) opinion of the described open of the described of the describe	INAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  J. A -  CITY OR TO  deoth occurred on the d	20b. IF YES IN CERTIFIAN TEM 18 P.	EN IN PART 111 S, WERE FINDING CAUSES COUNTY TO and from the 224. DATE SEP	OF DEATH? NO STATE that (I) (we) I couses stated

DHMH - 16 60M 7/8 (VRA 15, 4)

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		- 37 (6)		
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

L		ANKEVICIUS				REG, NO.	100			
P	DECEASED NAME FIRST	WIDDLE	1	AST		20 DATE OF DEATH ME	ONTH DAY	Y YEAR	26 HOL	JR
ł	KOSIAS	1	JANK	FVIn.	145	(	9 2	1 687	12:	31
	3 SEX	RACE	5 DATE O	F BIRTH		6. AGE (IN YEARS LAST BIRTHE		UNDER I YEAR	IF UNDER	R 2J HRS
ı	MAIR	WHITE	MONTH	0	YEAR			NIHS DATS	HOURS	MIN
ŀ	BIRTHPLACE (STATE OR FOREIGN 7)	b CITIZEN OF WHAT COUN	02	22	98	9 BALTIMORE CITY OR	9 YRS	EDEATH		
ľ	COUNTRY)		MARRIE	NEVER M	ARRIED		LOUNTIO	PUEAIN		
1	LITHUANIA	LITHUANIA	WIDOWE		ORCED	CARROLL		N. I		MD.
1	O. CITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE</li> </ol>		R OTHER INST		12a USUAL OCCUPATION		126 KIND O	FBUSIN	ESSOR
1	WESTMINISTER	WESTMINISTER	R NURSING	CENTER		LABORER		MD. C	UP C	0.
	USUAL RESIDENCE (IF NURSING HOME OR O 130 STATE 136 COUNT			1121 INICIDE CI		A CYPET APPREC ( )	UD CODE			
ı	MARYLAND CARRO		MINISTER	YES X	NO [	13e.STREET ADDRESS / Z 624 OAK TRE		D 211	57	
1	1 FATHER'S NAME	ODD   WEDIT	HINIDILK		MAIDEN NAMI		E KOA	D 211	31	
I	FIRST	IDDLE LAS			IRST	WIDDLE		LAST		
Ļ	SIMAS		EVICIUS		ARIJA			BURDUL		
ľ	60 WAS DECEASED EVER IN U.S. ARM	WAR OR DATES	L SECURITY NO.	17 INFORMAT	٧T	ADDRESS	WESTM	INISTE	R N	MD
L	NO	217-3	30-5204	JOSEPH	JANKEY			REE RD		1157
F	18 CAUSE OF DEATH (Enter only	one couse per line for (o).	(brand is		(			BETWEEN	MATE INTEL	RVAL
ŀ	PART I. DEATH WAS CAUSED	BY:	PNEUN	100/17	1			of with the	MADE I MINE	CIC MAIN
L	IMMEDIATE	CAUSE (a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	( - , 0 , )						
I		DUE TO, OR AS A CON	SEQUENCE OF	rom.	n					
ı	Conditions, if ony, which gave rise to immediate	(b)		6/10	7 -			-		
I	couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF							
I	underlying couse lost.	(c)								
ı	PART 2. OTHER SIGNIFICANT, CO	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CONDIT	ION GIVEN	IN PART TO		-01-
1	190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	1) SOIUS</td <td></td> <td></td> <td></td> <td></td> <td>- GL</td> <td></td> <td></td> <td></td>					- GL			
1	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	WAS PERFOR	MED			WERE FINDIN		
1	NA CONTRACTOR OF THE CONTRACTO	THE RESERVE				YESTI NOT	IN CERTIFYIN	NG CAUSES	OF DEAT	
1	21g ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJURY I		L OR PART 21	110	
ı	an consequence Course on some	LICUID A M. MONITA	H DAY YEAR	11116		E (EMIEN MATORE OF MAJORE)	THE NOT AND	, OR , AR , 2 ,		
١	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19							
ı	UIFEITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM ETC 1	211. LOCATIO STREET	N	CITY OR TOWN		COUNTY		STATE
ı	AT WORK NOT WHILE AT WORK		1	-	0	2 0	71	-		
ı	22a I certify that (I) (this hospita	il) attended the deceased (	fromQ	7	. 19 0 /	, to	21 19	8/	that (II (	we) lost
ı	saw the deceased alive on_	9-18	19 2, on	d that in (my) (	our) opinion de	eath occurred on the date	and hour a			
ı	above, (1) (we) (did) (did not) 22b. SIGNATURE	view the body after death.		DE GREE \				22c DATE S	SIGNED	
ı	min	11/1//	- /	7/ AT	TENDING _	MEDICAL _ STAFF		9.	21	-57
4	22 F PLANCIC LANGE NAME / ST	Noch				DIRECTOR   PHYSICIA	N	1	-1	01
ı	226 PHYSICIAN'S NAME ITH ORE			22e ADDRESS	611 NUR	RSERY ROAD	WESTM	INISTE	R MI	20
1	MATOURL	V. JEVU	Con	011	V With	s ra	10001	101/10	3/01	K
1	30 BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR C	REMATORY	23d LOCATION				
	BURIAL	9/24/87	NEW CAT	HEDRAL	CEMETER	RY BALTIMOR	E	MAR	RYLAN	ND.
1	FUNERAL DIRECT PEROY M		WITZKE FU	NERAL F	OME DATE	REC'D. BY REGISTRAR 25	b. REGISTRA	R'S SJGNATI	URE	
1	1630 EDMO	ONDSON AVE. AD	CATONSVIL	LE MD 2	1228FF	24 1987		Dividson		ARRE
IL.					1	- 1007				

DHMH - 16 60M 7/84 (VRA 15, 4)

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65370 SEP 1	118	TATE				AND MENTAL H	dia 0	21
	-	REOISTRAR	WEL	DICAL EXAMIN	IER'S	CERTIFICATE O	F DEATH REG. NO	
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE KNOWN X	MONTH DAY YEAR 26. HOU
PLEASE RECTOR. R FILES. HOURS		Thom	nas E	dwin	Jo	nes	DEATH MATED	9-3- 1987
플러프 호롱	3 SE		5. DATE OF BIRTH	6 AGE (IN YE	ARS IF UN			MONTH DAY YEAR 28 HOU
F8268		le White	Sept.28	, 1938 48 y	RS. MONT	HS DAYS HOURS	MIN PRONOUNCED DEAD	9-3 1,87 10:05
15 × 50 /	7a. 8	IRTHPLACE (STATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED NEVER MARRI	9 BALTIMORE CITY O	R COUNTY OF DEATH
商品の変す	We	RTHPLACE (STATE OR REIGN COUNTRY)	U.S.	A.	WIDOW	100	- O11	County
る音楽品	10 C	ITY OR TOWN OF DEATH		TAL, NURSING HOME	, OR OTH	IER INSTITUTION	120. USUAL OCCUPATION (TYPE	OF WORK 126 KIND OF BUSINESS
A SEE POR	V	Vestminster		ylvania Ave	enue		Claims Exami	ner Security
26423 B	USU/	AL RESIDENCE (IF IN NURSING HOM	E OR OTHER INSTITUTION, GIV	RESIDENCE BEFORE ADMISSE	ON)	1134 INSIDE CITY LIMITS?	12 STREET ADDRESS	21/10
2 会議のの	N	laryland ar	rroll Co.	Finksbur	g	YES NO	2315 Da-Lib	Road
g Trimpely		ATHER'S NAME	MIDDLE			15. MOTHER'S MAIDE	N NAME	
# 305950		Paul	MIDDLE	Jones		Ruti	n Niddle	Mercer
MO DEN T			RMED FORCES?	16b. SOCIAL SECURIT	Y NO.	17 MEORMANT TO	equeline Deress	Innes 2590
A H R H R H R H R H R H R H R H R H R H	Y	es, no, or unknown) 1955	-1963	214-34-2	430	Minda Dr.	Manchester	Md. 21102
S S S S S S S S S S S S S S S S S S S		18 CAUSE OF DEATH (Enter	only ane cause per line t	or (a), (b), and (c).)			7	APPROXIMATE INTERVAL
PROPERTY OF STREET		PART I DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Shotgun wou	and c	of head		BETWEEN ONSET AND DEATH
HINGA HO LIN ITEM LIN ITEM CAF FERM HYGIENE BNOVAL				AS A CONSEQUENCE	OF			
# E # # # # # # # # # # # # # # # # # #		Conditions, if any, which						
* 355 E		couse (o) stating the unde		AS A CONSEQUENCE	OF	10000		
8 5-03 N		lying couse last.	(c)					
AAN AAN AAN		PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	INAL DISEAS	OR CONDITION GIVEN IN PAR	T 1 (a)	
0 # 5 B 5 F 3	N N							
LEAN HEAD	¥	190 DATE OF OPERATION	19h CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?		24 AUTOPSYZ TT SZ
A SEE SEE	Ĕ	The state of the s						'HEAD ONLY
DIVISION OF VITAL RECORDS S CERTIFICATE SHOULD BE FOR RITING THE WORD "PENDING RED TO THE CHIEF MEDICAL 23 SHOULD BE USED AS BUT BE USED AS BUT OF HEALTH OF PROPERTY OF PROPERTY.	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME OF	MONTH DAY YEAR	21c. HO	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 P.	The state of the s
N OF THE ON THE	3	UNDERLYING TOR	F DEATH 9:10-BM		7 Sel	f inflicted	d	
VISI 33 SF PRI PRI PRI PRI PRI PRI PRI PRI PRI PRI	O.	21d. INJURY OCCURRED	21e PLACE O		21f. LO	CATION		
ARBIT AND TO THE CARE TO THE TO THE TO THE TO THE TO THE CARE TO THE T	2	AT WORK AT WORK	arkin	g lot	76	Pennsylvan	ia Avenue, West	minster, Carroll
BIVISION OF VITAL RECORDINER: THIS CERTIFICATE SHOULD BE ENGLED. FICATE, WRITING THE WORD "PENDING FORWARDED TO THE CHIEF MEDIONE PAGE 33 HOULD BE USED AS HITHE STATE DEPARTMENT OF HEALTH LAND, 21201 PRIOR TO BURIAL, CRE		220. I certify that I America	top of the remains desc	thed obelie held on	Auton	sy . Inspection	, Inquiry , and	County, MD
NA PARTER		111	Indianous Do	/ mm	icide X	. X	Undetermined manner	in my opinion
ERTINE B BARY	100		1 7		icide Z	TITLE (SPECIFY)	ondetermined manner	
A PONT		ACTUAL SIGNATURE	N 114	m	AA AA	D Assistant	MEDICAL EXAMINER	DATE 9-4-87
SEE SEE SEE				/*			THEO ICAL EXAMINER	SIGNED
A SHEET STATES		(TYPE OR PRINT) Ch.	arles P. Ko	okes, M.D.		ADDRESS 111 P	enn Street, Bal	to.,MD 21201
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BARTIMORE, MARYLAND, 2	23a.8	URIAL, CREMATION, REMOVE	UN DATE	23c. NAME OF CEA			23d. LÖCATION CITY OR TOWN	
07/84 BP		Burial ()	Sept. 8,19	87Mt.011	vet	Cemetery	Frederick Fr	ederick Md.
25M DHMH - 17		UNERAL DIRECTO		There		25g DAJER		WAR SEIGHT ARE ALL
(VR A15 ME (5))	1	mrth Keeney	Basforo h St. Fre	derick.	Md-	2170	00000	. I was a second
						THE REAL PROPERTY AND ADDRESS OF THE PARTY AND		

and the local dist product to Floring hanty A CHARLEST OF THE COMPANY OF STREET AND AND ASSESSED.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Deviden Pandas

DHMH - 16 60M 7/73 (VR A 15 (4)) 24. FUNERAL DIRECTOR

Wm. C. March F/H West 4300 Wabash Avenue

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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		1 050	EASED NAME	FIRST	Α	AIDDLE		ASI		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUI	R
9 6	deoth deoth		OR PRINT)	5	7	A STATE OF THE STA	hi	NONER		M DAIL OF BLATT		7-1987	6:2	
may	Ter d	3. SEX		4. R	ACE		5. DATE O		_ ¥E AR	6 AGE JIN YEARS LAST BIR	RTHDAY)	MONTHS DATS	IF UNDER :	24 HRS MIN.
ge 4	ors of	- Page	male		whi.te			04-09-192	25	62	YRS			
A P	72 hor		RTHPLACE (STATE OR FOR OUNTRY)	REIGN 7b (	CITIZEN OF Y	WHAT COUNTRY?		NEVER MA		9 BALTIMORE CITY C	OR COUNT	Y OF DEATH		
deo	thin thin	10 CI	Y OR TOWN OF DEAT	н 11.		HOSPITAL, NURSIN	WIDOWE	-	JTION	12a USUAL OCCUPAT	ION	126 KIND O	F BUSINE	SS OR
s offer	iled wi		Westminster		Carro	11 County	ADDRESS) Gene	ral Hosp	oital	Credit Supe	OF WORKING BIVIS	or Accep	tance	Corp.
24 hour	uld be f	UŠU A 13a. S	L RESIDENCE (IF NURSING TATE III	G HOME OR OTH 36 COUNTY Carr		13c. CITY OR TOW Elderst	'N	13d. INSIDE CITY	LIMITS?	130 STREET ADDRESS 6741 N		e Avenue	780	1
thin .	S s s s	14. F.A	THER'S NAME				3	15. MOTHER'S M				LAS	. 1	
9 3			FIRST	John H		ner		FIR		rsa Lehman		LAS	1	
ecut	oges edico		AS DECEASED EVER IN	U.S. ARMEL	FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDR				
-	and condition medico		yes	Kore	ean	213-22-	4118	Mrs. Be	etty L	. Lindner,	Elde:			
	mavol.		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only o S CAUSED B MMEDIATE C		CARDIOF	wilm.	ONARY	ARRE	65 T		BETWEEN	MATE INTER ONSET AND	DEATH 5
1100	re con or re como or re como fice		Conditions, if any,		DUE TO, O	R AS ACONSEQU	ENGE OF 1	SMOPTX	515			19	NUTTE	5
of the de	by the ot ase remov i, cremation other tro		gave rise to imme couse (a), stating underlying cause	diote	DUE TO, O		ENGEOF (	SAURMA		L CA RT.	LUN	6 Y6.	ARS	
quires th	then plea to burial njury, or	Z O	PART 2 OTHER SIGNI	FICANT CON	HANK	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	SPAN	INAL DISEASE OR COM	NDITION G	IVEN IN PART 1	0	
e low re	permit.	CERTIFICATION	190 DATE OF OPERATION	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORA	AED	200 AUTOPSY?	IN CERT	ES, WERE FINDII FIFYING CAUSES YES		H?
JAN: Th	Inficate   I-transit of Hygie m 18 sho		210 ACCIDENT WAS UNDE	USE OF DEATH		M. MONTH D	AY YEAR	21c HOW INJU	IRY OCCURI	RED (ENTER NATURE OF INJ	URY IN ITEM 1	3 PART 1 OR PART 2)		
YSIC	Ment The	MEDICAL	(IF EITHER NOTIFY MEDICA		P. 21e PLACE	M. OF IN JURY	19	211 LOCATION						
G PH offend	After this e os the bu olth ond M morked or	ME	WHILE NOT WHILE AT WORK			REET, FACTORY, OFFICE,	FARM, ETC )	STREET		CITYORT	NWO	COUNTY	S	TATE
TENDIN	TOR: Aft for use or of Heolth 21 is mor		220.1 certify that (1) sow the deceased above, (1) (4) (die	this hospital)	ottended th	ne deceased from	34 .0	nd that in (my) (	19	, to v death occurred on the c	date and h	our and from the	that (I) do	lost
the hosp	etoched for Dept. of the Dept.		22b. SIGNATURE	Lung	18	MI)		DEGREE ATT	ENDING	MEDICAL STA		9/Z	SIGNED	187
HOSPITA	should be det with the State		AVENUY	ME LTYPE OF RE	MAND	- mn		22e ADDRESS	241	erty ld	Ela	lusbarg	3/2	1
To reto	shoul with	23a I	BURIAL, CREMATION, R		236. DATE 09-30-			EMETERY OR CR Memorial		13% LOCATION Cery Cumbe	rland	ATTega	anv <sup>s</sup>	MD CIM
BP_		24 5	JNERAL DIRECTOR	1	07-70-	1707	avis i	CHOLIGI		TE REC'D. BY REGISTRA		-		
	16 60M 7/B4 RA 15, 4)		ALAME	Scarp	elli,	Cumberla	nd, M	21502	161	0 4-19877	1.500	A CHANGE AS A CHANGE		

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
CERTIFICATE OF DEATH	

SEP 1 0 1987 Julia Davidson Randaes

PUL	STATE GISTRAR		CERTIFICATE OF		REG. N		50
I. DE	ECEASED NAME PE OR PRINT)  Gladus	5 D	LOGAN		20. DATE OF DEATH	MONTH DAY YEAR	1 2300,
3. SE	F	4 RACE	5. DATE OF BIRTH	YEAR OA	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YE  MONTHS DA  YRS.	
7 70 8	BIRTHPLACE   STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	MARRIED WEVER	MARRIED	BALTIMORE CITY C	COUNTY OF DEATH	MI
Dlu	Destmister	11. NAME OF HOSPITAL, NURSII  OF HOSPITAL, NURSII	ty ceneral	TITUTION	120 USUAL OCCUPATION FOR MOST S	WORKING LIFE) INDUSTI	O OF BUSINESS OF RY
5 13a.		13c CITY OR TOV	INSER YES TO	NO 🗌	13e.STREET ADDRESS .	ZIP CODE	1157
	William	MIDDLE Davies	M	S MAIDEN NAM	MIDDLE	Do.	LAST A
	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECTION (1941)	10 - 1 /h	ant 1.	ADDRI	ne es h	17
	PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), or D BY:	HOCK			APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEOU	JENCE OF	. OR	STRUCT	10N	
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	,				
NO	PART 2 OTHER SIGNIFICANT C	A (Werd S	CLEVOLIC -	HP OW	NAL DISEASE OR CON	DITION GIVEN IN PART	10
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	DAY YEAR	NJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATI	ON	CITY OF TO	WN COUNTY	STATE
	sow the deceased alive on	tol) ottended the deceased from.  19 1) view the body offer death.	0-1111	) (our) opinion de	L, to	ote and hour and from t	, that (I) (we) la ne couses stated
	226.810 NATURE	odu Nagam	7		MEDICAL STA DIRECTOR   PHYSIC	FF O	TE SIGNED
	22d PHYSICIAN'S NAME (TYPE O	- ALAO AA	UNA 700	SS A P	oole Ro	d westim	I'ME H
	BURIAL, CREMATION, REMOVAL	23b DATE 1957 23c	NAME OF CEMETERY OR	eficies	73d. LOEATION LITY OR TOWN	(county)	1 Port
7	FUNERAL DIRECTOR	I Sa Wester	The fol.	SFP	REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	Pandael

0	6	6	1	3	2
DIVISION OF VITAL RECORDS 201 W PRESTON ST RAITIMORE MARY LAND 21201		TO INCOME AND A STANDARD MANAGEMENT TO THE STANDARD OF THE STA	O CONTRIBUTED WAS INTENDING PHYSICIAN. THE low requires that the death certificate be executed within 24 from the many be retained by the hispatic or attending physician.	10 Euther a DIRECTOR After this certificate has been signed by the offending physical and comments and an arrangement of the comments of the c	or had for use or the hirror than parmy. They place semons compared to the

DHMH -

		1					E OF MARYLAND			7 1	
	**	1-	FOR STATE		DEF		EALTH AND MENTAL HYG	SIEND 4	00	0	
138	3 SFP	10.0	REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0. 🚽		
			PASED NAME FIRST	ī	WIDDLE	2 10-	IAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. H	IOUR
oge oge			na-	917	Bell	Le Mai	NRY		1 6	8//	2.03m
E d	Ď	3. SEX	700001	4 RACE	Black	5. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BI	MONT		DER 24 HRS
age a	2	1	temale		Dutck	17	14 85	101	YRS.		, o min.
0 00	26 1	C	THPLACE (STATE OR FOREIG		N OF WHAT COUN	NTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
			Maryland		15H	WIDOW	DIVORCED	Car	1011		MD.
1	(3)1	19 CIT	Y OR TOWN OF DEATH		E OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPAT		26. KIND OF BUS	INESS OR
5	76	ch	1t. Wiry	/ PI	easant 1	riew Nu	roung Norte				
P -	1 200	USUA 13a. S	L RESIDENCE (IF NUR	OME OR OTHER INSTI	134. CITY OF	E BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
24 a				-reden		derick	YES NO	800 mos		2, 21	701
4	10	14 FA	HER'S NAME	MIDDLE	a LAS	51 0	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST	7
pa de	141	V	VILLIAM		10	Nes	KAI	148. The	1	House	and
S S	37	16a W	AS DECEASED EVER IN U.	S. ARMED FOR		SECURITY NO.	17. INFORMANT	ADDR	ss was	hungton	Dig
0 0	1		NO	ES, 0772 WAN ON DA	214-5	4-0264	Mrsmargu	enile G	XP4 50	235-5	STATIC
Sign of the control o	- F		18 CAUSE OF DEATH (En PART I. DEATH WAS C	ter only one cou	se per line for (a), (	b), and (c).)	J			APPROXIMATE II	ATERVAL AND DEATH
4	e very			AUSED BY:		IHP	) IAC ARRES	T		MIN	
n ce	ofic			DUE	TO, OR AS A CON	SEQUENCE OF		0		THE W	
offen	rion,		Canditions, if any, while	th (	(b)		reclerotte G	ardiac disc	case	YRS	
the the	er fr		gove rise to immedio couse (a), stating the	ne DUE	TO, OR AS A CON		0			,	S EII
by	ol, cr		underlying cause la	<u>st</u>	(c)	Gene	hal Athero:	sclerosis		YRS	
gned	y, o		PART 2 OTHER SIGNIFIC	ANT CONDITIO	NS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART Ira	
n si	1 1 1 2	ō	Severe Athrick	s, Anen	ua prob 2	ng man	ow Aplasia,				
s be	prio D	CERTIFICATION	90 DATE OF OPERATION	19b. C	ONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE	ERE FINDINGS U	SED
non.	T Now	E						YES NO	YES [		
hysic	Hyg 88		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	1101	IME OF INJURY JR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	ORPART 2)	
og p	Item Temporal	S S	(IF EITHER NOTIFY MEDICAL EX	OF DEATH	P.M.	19					
this	N N	MEDICAL	114 INJURY OCCURRED	(AT HC	LACE OF INJURY	OFFICE FARM ETC 1	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
fer of the	th on		AT WORK NOT WHILE					0.1.			
A O	teolines me		220.1 certify that ()(this		1 67		19 83		19_		(we) last
spite CTO	21		saw the deceased ali above, (1) (we) (did) (d	id not! view the	body after death	19_0,0	nd that in (my) (aur) apinian	deoth occurred on the d	ate and hour one	d Irom the cause:	stoted
ho ho	tent		226. SIGNATURE	1/1			DEGREE			220 DATE SIGN	
the	# 1		Melle	ella	out	MIN	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🛣	9818	37
d by	15 4 7		224 PHYSICIAN'S NAME	TYPE OR PRINT)	L. 0	1/1	We ADDRESS	Λ.	CO	CIENT DIE	
Dine I	P 9 4		Melu	NV	1010x	ON M	1) 2000 C	eutury Pli	AZA VU	(1) 2 12	944
5 p = 4	1 3	23a Bt	IRIAL, CREMATION, REMO	DVAL 23b. DA	TE	23c NAME OF	EMETERY OR CREMATORY	23d LOCATION			
BP		(5	BUTIAL	Se	p9-87	Hope	LAND	CITY OR TOWN	Fred	erick	STATE
HMH - 16	60M 7/84	24 FU	VERAL DIRECTOR	111	H	NADA		E REC'D, BY REGISTRAR	256. REGISTRAR	'S SIGNATURE	
(VRA 1		(1	19 Hick	5 /	722 0	res Z	12 11 SI	P 1 7 1987	Ortin Des	doon Rand	all,

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

HollyHillCemetery

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

MiddleRiver Baltimore Maryland 750. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S 6 GNATURE Julia Desideon Kandallo

26 HOUR

17b. KIND OF BUSINESS OR

minutes

STATE

IF LINDER I YEAR

INDUSTRY

Sobczak

YES 7

ConnellyFuneralHome 300MaceAve.2122

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

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difference of		Emple Stop		
254 E VA				
HATELE I				
	Litada -			
11/1/2		AND THE CHY	A REVINE	
			Keisen XIME	

REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

G	IEÑE	2	6	J	3	ن		
		REG. N	10.83					
	20. DATE (	OF DEATH	MONTH 9 -	- 16	, -8	AR 7	26. HOL	JR 100 M
		YEARS LAST B	۲ y	MON		DAYS	HOURS	MIN.
]	C	ORE CITY	Co	OUL	1/2		F BUSIN	MD.
	(TYPE OF WO	emake:	OF WORKI	NG LIFE)	INDÚS	TRY	esti	
	West	ADDRESS minste			.ng	Ног	me 2	1157
AA	ΛE	WIDDLE			Wac	ne:		
2	ceks,	JR-	Sy	ke s	vil	lk,	Me	1.
A	escu	2.	0		BETY	PROXIV	MATE INTE	DEATH
4	e u	leer	des	eau		m	cust	us
M	INAL DISEA	ASE OR COI	MOITION	GIVEN	IN PA	RT 110		
	20a AU YES	NO X					IGS USE OF DEA NO [	
IRR	RED (ENTER	nature of inj	URY IN ITE	A 1B PART	I OR PAI	RT 2)		
		CITY OR T	OWN		COUN	ΤY		STATE
7 n c		red on the	dote and	, 19 I hour o	nd Iron			lost oted
0	MEDICA	L STA	AFF KIAN [		220. 1	DATE //	SIGNED	2

DECEASED NAME MIDDLE (TYPE OR PRINT) 4. RACE 3. SEX 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED COHNIBAL U.S.A. Maryland WIDOWED DIVORCED [ ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Carroll County General Hospital Westminster USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1313. COUNTY
1314. CITY OR TOWN 136 INSIDE CITY LIMITS? Carrol1 Westminster NO K Maryland 15. MOTHER'S MAIDEN N 4 FATHER'S NAME LAST MIDDLE FIRST exon Miller George Howard Laura medicol 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO LYES, NO OR UNKNOWN) 214-24-5899 NO 18 CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: andiac IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF troum Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING It. HOW INJURY OCCI 21b. TIME OF INJURY HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH or Hem. MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY, OFFICE, FARM, ETC ) morked AT WORK NOT WHILE 22a I certify that (I) (this baspital) attended the deceased from and that in (my) (and apinio If Item Dept. DEGREE Should be detoch ATTENDING PHYSICIAN MPORTANT: HYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Westmusky m. STEERS 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY) STATE BURIAL 09-18-87 Moreland Mem. Park Baltimore Baltimore MD 24 FUNERAL DIRECTOR SYKESVILLE, MD 21784 Julia Deviders HAIGHT FUNERAL HOME

DHMH - 16 60M 7/84 (VRA 15, 4)

DIRECTOR

HOSPITAL

BP.

MPORTANT: # hem 21 is

DHMH - 16 60M 7/84

(VRA 15, 4)

065792 SEP

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BIGIENE

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	1 -	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL DG	REG. NO.	
B		EASED NAME FIRST	MIDDLE	ı	AST		AY YEAR 26 HOUR
	STARK.	SPASIA	Celestine	Mu	LROONEY	9 1	3 87 0446 M
1	3. SEX		4 RACE	5. DATE C			FUNDER I YEAR FUNDER 24 HRS
		F	CAU	MONTH	8 DAY 15 YEAR 16	76 YRS.	ONTHS DAYS HOURS MIN.
Ц	7a. BII	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
5	P	Three Pvania	U.S.A.	WIDOWE	/ '	CAMPULL WUNTS	MD.
)	1	STMING TER	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACAITY, GIVE STREET, ARRULL CHUNTY	ADDRESS)	FRAL HOSP.	120. USUAL OCCUPATION ITYPOF WORK FOR MOST OF WORKING LIFE HOME MAKE	12b. KIND OF BUSINESS OR INDUSTRY
1	USUA	TATE 136/COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY RULL 13 CITY OR JOW RULL WEST MI	JSTER	13d INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS / ZIP CODE	NE 21157
	14. FA	John	MIDDLE Savag	e	15. MOTHER'S MAIDEN NAM	WE	LAST
-	2	DECEASED EVER IN U.S. AR.			Dumm &	ADDRESS CCGH	
-		PART I. DE ATH WAS CAUSE	ly ane cause per line for (a), (b), and D BY:  E CAUSE (a) ACUTE		YOCARDIAL	INFARCTION	BETWEEN ONSET AND DEATH
	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  16)  CONDITIONS CONTRIBUTING TO 1	nce of	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	PERTENUION N WAS PERFORMED		WERE FINDINGS USED (ING CAUSES OF DEATH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		saw the deceased alive an abave (1) (we) (did) (did na	tal) attended the deceased fram	ر ام	nd that in (my) (our) apinian o	death accurred on the date and haur	
		276 SIGNATURE	Ausus	7 6		MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED 9/13/87
/		Vincent J. I	riocco MD	/ 1		Street, Westmi	21157 .nster,Md.
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE 9-16-87 La	kepy	EMETERY OR CREMATORY IEW Memoria	TITUEL POULE	carroll Md.
	24 6	oryeral director The	mas D. Fletch 24 East Mains Stminster, Mc	Tree	Ton F. SEP	E REC'D. BY REGISTRATIVE HEARTH	ear Segnature

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WIGIENE

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4	FOR STATE HEGISTRAR		DEPARTMENT OF HEALTH AND MENTAL NUGIENE 2. 6  CERTIFICATE OF DEATH  REG. NO.					
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
(TYPE C	OR PRINTIN/AOMT	A N	TURPIJY	9	2 87 0550			
3. SEX	4.	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
	FEMALE	WHITE	MONTH DAY YEAR	83 YR	MONTHS DAYS HOURS MIN			
F. BIR	RTHPLACE (STATE OR FOREIGN 76	. CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUN				
M	MARVIANIN	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	- 1 0 0 0 0 1 1	A			
NO CIT	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS C			
W	STMINSTER	CARROLL COUNT	TYGEN. HOSD.	HOME WAKES	DMESTIC			
13e. 51	RESIDENCE (IF NURSING HOME OR'O' TATE	THER INSTITUTION, GIVE RESIDENCE BEFORE AILY ITS. CITY OR TOWN		13. STREET ADDRESS / ZIP CO	ATAPSCO AVE			
IA FAT	THER'S NAME FIRST MI	DDLE LAST	15. MOTHER'S MAIDEN N	AME	146			
1	RICHARD 1	M. GIBSON	ANNIE	M	(UNIKNITAKA)			
	AS DECEASED EVER IN U.S. ARM		ITY NO. 17. INFORMANT	ADDRESS 2	I IST STREET			
(YE	ES, NO OR UNKNOWN) (IF YES, GIVE V	216-12-6	419 LOUISE BRI	TTON BALT	D. MD 21225			
		one couse per line for (o), (b), and	(C1.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT			
	PART I. DEATH WAS CAUSED IMMEDIATE	166 1	RT FAILURE		DAYS			
		DUE TO, OR AS A CONSEQUEN	₹CE OF					
	Conditions, if ony, which	( 16) PARTERI	USCLEPOTIC HE	EART DISEPSE	YEARY			
	gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUEN	₹CE OF					
		(c)	TATU BUT NOT BELATED TO THE YEA	DISCOURCE OF CONTRACT	DIVENTING A DATE.			
	77		EATH BUT NOT RELATED TO THE TER		SIVEN IN PAKI 110			
=	DIG1774211	TOXICITY	(PRACYTIC					
1 4	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED			
IFICAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	DPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?			
ERTIFICAT	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH O		YES NO NO NO NO CER	TIFYING CAUSES OF DEATH? YES NO NO			
CERTIFIC	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY	21c. HOW INJURY OCCU	IN CER	TIFYING CAUSES OF DEATH? YES NO NO			
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	YES NO NO NO NO CER	ITIFYING CAUSES OF DEATH? YES NO 8 PART 1 OR PART ?)			
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WEDICA WEDICA	21d. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (WEITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE AT WORK  22d. I certify that (1) (this hospito sow the decessed alive an obove, (1) (we) (did) (did not) 22b. SIGNATURE  27d. PHYSICIAN'S NAME (TYPEOR)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR  1) ottended the doceosed from view the body offer death.	YEAR 19 211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 ATTENDING PHYSICIAN 22e ADDRESS  AME OF CEMETERY OR CREMATORY  ADDINGS  ADDRESS  CARROL  AME OF CEMETERY OR CREMATORY	PRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  ABDICAL STAFF DIRECTOR PHYSICIAN   ABDICAL STAFF	COUNTY STATE  CO			

DHMH - 16 60M 7/84 (VRA 15, 4)

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A Property of the Control of the Con MENNAUE - WHITE 1/2 - 1/2 - 1/2 - 1/2 MARY AND LIST IN A STREET DITE BAND TO SER AND STANDED OF THE WAY OF THE STANDARD PROPERTY OF THE EVA OF WIND IN SIES WE AND BROWNIAT ON FICHARD M. GIBERT ANNE M. COAHUAY

AND - PROFESSION BRITISH BULLES ME SIZES LAKEL LACTOR DESIGNAL LITTLE 

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate to executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attended after and certainely filled in by the funeral direction page 3 should be detached for use as the buriol-transit permit. Then please remove carbo manual and 2 should be filed within 72 hours after death	_
with the State Dept. of Health and Mental Hygiene prior to burial, crimping. IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or other transmitter in the medical examiner must be hayined of agree.	

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	poge 3			CHES	STER	MIDDLE	NE	AL3	20 DATE OF DEATH	ve 8 198	20 11001
	ige 4 mo) rector, po		3. SEX	Male		ite	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTI	YRS MONTHS D	ATS HOURS MIN.
0	neral di	E	-	RTHPLACE (STATE OR FOREIGN OUNTRY) ONTUCKY		ed State	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	Carroll		MD.
5	by the fu	0		estminster	11. NAME OF LIF NOT IN SI Carr	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET OLL COUN	ADDRESS) G	en. Hosp.	120 USUAL OCCUPATION OF WORK FOR MOST OF TARM Super	WORKING LIFET INDUST	ID OF BUSINESS OR
MARYLAND 2120	filled in outder	25	13e S			130 CITY OR TOW Westmin	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 200 St. L		roll Luth le/21157
MARYL	mpirtely one 2 sh	66	14 FA	THER'S NAME William Os	MIDDLE	Neale		15. MOTHER'S MAIDEN NA FIRST  Mary	Josephi		
BALTIMORE,	and co	/	16a W	310	RMED FORCES? VE WAR OR DATES) 7 - 1919	16b SOCIAL SECU		17 INFORMANT Robert Neal	Glenbu. /Taneyto	rn Farm. wn,Md. 2	1787
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA		ury, or other froumotic and	NO	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO,	OR AS A CONSEQUE	ENCE OF		NNAL DISEASE OR CONE		PROXIMATE INTERVAL  FERN ONSET AND DEATH  T 110
I RECOR	on. bos been permit. I	2	CERTIFICATION	198 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	
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•	HOSPITAL OR ATTEN sined by the hospital FUNERAL DIRECTOR ould be detached for us think Stote Dept. of He	TOTAL III nem 213 moraed		220 I certify that (I) (this hosp sow the deceosed alive or above, (I) (we) (did) (did) (226. SIGNATURE	Junch OR PRINT)			22e ADDRESS	deoth occurred on the do	F 9	ATE SIGNED
	PP			URIAL, CREMATION, REMOVAL BURIAL				emetery or crematory ned) Grace U	. Cation City of town	wn, Carro	11,Md.
ſ	DHMH - 16 60M 7 (VRA 15, 4)	/84		NERAL DIRECTOR  KilesFuneral	Home	136 E <sub>ADDRES</sub> B	altin wn,Mo	nore St. I	1 4 1987		NATURE

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Page 4 moy b	3. SE	x nale	4 RACE Cau	С.	5. DATE C		6. AGE (1
orto orto	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED	9 BALTIA
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within 24 hours letely filled in by 25 should be fill miner must be n	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	131. CITY OR TOW Westmin		134. INSIDE CITY LIMITS?	13. STRE
MARYLA within appletely condize sh	14. FA	James A	1bert	Peeli	.ng	IS MOTHER'S MAIDEN NA Estella	ME
TIMORE, MA		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	216 SOCIAL SECU		17. INFORMANT patient's c	hart
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  ING PHYSICIAN. The low requires that the dooth central recorded within 24 hours of rattending physician.  When this certificate has been signed by the often of the completely filled in by as the burial-transit permit. Then please remove continuent in Figes hands should be filed in by as the burial-transit permit. Then please remove continuent in Figes hands should be filed in by as the burial-transit permit in the madical examiner must be madical whom shows any injury, or other traumatic event, the medical examiner must be madically as the property of the madical examiner must be madically as the property of the madical examiner must be madically as the property of the madical examiner must be madically as the property of the madical examiner must be madically as the property of the madical examiner must be madically as the property of the madical examiner must be madically as the property of the proper	N.	Conditions, if any, which gove rise to immediate couse (a), stofing the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, C  (b)  DUE TO, C  (c)	PRAS A CONSEQUE COPD  RAS A CONSEQUE ASCVD  ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERA	MINAL DISE
it RECOR.	CERTIFICATION	198 DATE OF OPERATION	. 19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AL
DIVISION OF VITAL RECC OR ATTENDING PHYSICIAN: The low e hospital or attending physicion. DIRECTOR. After this certificate has be sched for use as the buriol-transit permit Dept. of Health and Mental Hygiene prin Them 21 is marked or them 18 shows on	MEDICAL CERT	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOT IFY MEDICAL EXAMINER)  710 IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	P 21e. PLACE	OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F.	19	21c. HOW INJURY OCCUR 21f. LOCATION STREET	
ATTENDO Sispital or ECTOR: A d far use 1. of Heol		22a I certify that (I) (this hasp saw the deceased alive a above, (I) (28) (did) (28) 22 22b. SIGNATURE	August	1, 19		d that in (my) (Sur) opinion	, to deoth accu
TO HOSPITAL OR eloured by the harto FUNERAL DIRE should be detoche with the Store Dep		Richard Y. Da	11		M	ATTENDING PHYSICIAN X 220 ADDRESS Carroll Plaz	
BP	230. 8	BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 10/2			emetery or crematory	23d. LO cn W 6

067753 00	CT -	81	FOR STATE REGISTRAR				CERTII	E OF MARYLAND BEALTH AND MENTACHYG ICATE OF DEATH	I <b>EŃE</b> 2 (		3 /	
noy be poge 3		1. DECEASED NAME FIRST MIDDLE LAST TO THE OR PRINT)  Joshua C. Peeling						. 29,		7:30 a		
ge 4 r	(MEDICAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDR	ale		RACE Cauc		5. DATE (	DE BIRTH OAY YEAR 2-98	6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNOFR 24 HRS HOURS MIN	
deoth. Po	70. BIRTHPLACE STATE OR FOR COUNTRY)		DREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY OF Carrol 1		FDEATH	MD.	
d the	notified Original	We	stminster		3 06 ]	Fair Ave	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TETTED	on Working Life) guar	INDUSTRY,	stiller
AND 212 n 24 hou filled in	r'must be	13a S	TATE Tyland	13b. COUR Ca	other institution, NTY rroll	GIVE RESIDENCE BEFORE  131. CITY OR TOW  Westmin	ADMISSION) NSTER	13d. INSIDE CITY LIMITS?	306 Fair Av	renue	21	157
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death conficult assecuted within 24 hours of otherding physician. Then this centificate has been signed by the oftend of the property of the bringles is conficult to by the often the ond Mental Hygiene prior to buriol, cremation,	examine		James		lbert	Peeli		Estella	Anna	V.	Bair	nes
TIMORE xecu	e medico	)6a V	VAS DECEASED EVER ES, NO OR UNKNOWN)		WAR OR DATES)	216 SOCIAL SECU		patient's ch	addre nart Charl			
ST., BAL	event, th		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	lly one couse per D BY: [E CAUSE (a)	pneumonia						NATE INTERVAL INSET AND DEATH
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DIVISION C ING PHYSIC r attending after this cel os the burid	orked or	MED	21d INJURY OCCURR	RK -		REET, FACTORY, OFFICE, F.		21f. LOCATION STREET	CITY OR TOW		COUNTY	STATE
TTEND pital o TTOR: v far use	n 21 is m		270 I certify that (I) (this hospital) attended the deceased from June 19/6, to present, 19, that (I) (wx lost saw the deceased olive on August 1, 19/6, ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (xx) (did) (xx) (xx) (xx) (xx) (xx) (xx) (xx) (x									
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE

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100	13a S	AL RESIDENCE (IF NURSING STATE 136	HOME OR OTHER INSTITUTION COUNTY		E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		./211	36
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Eline Funeral Home

Reisterstown, Md.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN! The low requires that the depth centificate he executed within 24 hours after death. Por retained by the hospital or ottending physician	TO FUNERAL DIRECTOR, after this certificate has been upand by the otherding physician and completely Villad in by the funeral time should be detoched for use as the buriol-transity permit. They observe carban poper. Fages 1 pint 2 should be filled warning? I have State Dept. of Health and Mental It gives to be been commanded or is movel.
DIVISION O	TO HOSPITAL OR ATTENDING PHYSICIAN The retoined by the hospital or ottending physical	TO FUNERAL DIRECTOR. After this certificate that should be detoched for use os the buriol-transit permit with the State Dept. of Heolih and Mental II gains a pre-

5 7 5 SEP 15	1 - 07	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL DEC CERTIFICATE OF DEATH	CC U6 2 96 13	R3 9-06-87
0.000.10		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
noy be poge 3		Edgar	Eugene	Rhoten	9 /	187 0052 M
meder, p	3. SE	Male	White	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
death. P.	Ba	RTHPLACE (STATE OR FOREIGN COUNTRY) LIT. Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Carroll	OF DEATH MD.
Office at the state of the stat		Vestminster	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A CARROLL CO. E	G HOME OR OTHER INSTITUTION  CN. Hospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Farmer	12b. KIND OF BUSINESS OR INDUSTRY
35	130. S Ma	ryland Car	other institution give residence before ITY 134. CITY OR TOWN roll Westmins	ster YES NO NO		21157 hester Rd.
3000		Andrew	Upton Rhote		A IDDI E	Beruager
he execu	160	VAS DECEASED EVER IN U.S. AR: YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL SECUI WAR OR DATES) 215-32-2	2070 Thelma D.	Rhoten Westmi	d Manchester
tificate physica movol.			y one couse per line for (a), (b), and b BY: E CAUSE (a) CARDIA	(c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  HOURS
For the death of Sypthe attending one regions controlled a commission or other travination		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b) APTERIOS  DUE TO, OR AS A CONSEQUE	CLEROTIC HEART	DISERBE	YEPKS
en igned The pis or to box	NOIL	PERFORMED SIGH		EATH BUT NOT RELATED TO THE TERM	CHESNIC LYMPHOLYT	IC LEUKERUITO
The low	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
PHYSICIAN The ending phy carding phy this certificate be britished and Mentol It all do or frem the britished or frem the britished by the physician physici		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
O Ph pred the ond ked	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ENDI fol or DR. A Heol		22a I certify that (I) (this haspit sow the deceased alive on above, (I) (we) (did) (did no	al) attended the deceased from	7_, and that in (my) (our) opinion	death occurred on the date and hour	ond from the couses stoted
by the hospiteRAL DIRECTOR de detoched for Shote Dept. of Shote Dept. of NAT: If them 2		226 SIGNATURE  226 PHYSICIAN'S NAME (TYPEO)	Ilwan	DEGREE  ATTENDING PHYSICIAN  122 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED  FILL 87
TO HOSPITAL I		Vincent J. F	iocco MD	8 Anchor	Street, Westmi	nster,Md.2115
BP		Burial  Burial	9-14-87 Wes	AME OF CEMETERY OR CREMATORY Sley Church Cemetery		arroll Md.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 66500 SEP 23 87 REGISTRAR TE OF DEATH REG. NO. IN DATE KNOWN IX DECEASED NAME (TYPE OR PRINT) £570 DEATH MATED Charles Frederick 6. RACE 12:3! P M DATE OF BIRTH AGE INVENT IF LINDER 24 HRS DATE LAST RETHDAYS RONGUNCED DEAD BIRTHPLACE CHARLOS BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED FOREIGN COUNTRYS Carroll County WIDDWED [ DIVORCED . IS CITY OF TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION Dr. USUAL OCCUPATION ITHEORISON 13h KIND OF BUSINESS OF HOT IN SUCH FACILITY, GWESTERET ADDRESS. 5882 Oakland Rd. Sykesville SUAL RESIDENCE OF BUNDESING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REPORT ADMISSION. Je STATE THE INSIDE CITY LIMITS? 14 FATHER'S NAME CYES, NICE OF LIBERATIONS LOTTES, GIVE WAS DRIDAY 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c). BETWEEN CHISET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE IN .... DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SECNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... MIN.

OBD TO THE CHIEF WAS A BIT A 3 SHOULD BE USED AS A BIT A BIT A SHOULD BE USED AS A BIT A B 196 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 10. AUTOPSY? HEAD ONLY 21s EXTERNAL CAUSE WAS 716. TIME OF INJURY THE HOW INJURY OCCURRED LIGHTS HATCH OF HOUSE PHOTOS IS PART LOSS AND 21 HOUR AM MONTH DAY UNDERLYING BOOK CONTRIBUTING CAUSE OF DEATH 10:184 self inflicted wound THE INJURY OCCURRED 71# PLACE OF INJURY (AT HOME M. LOCATION STREET, FACTORY, FARM, ESC.) MAN WHILE D NOT WHILE K 5882 Oakland Rd., Sykesville, Carroll, Mcl. nome PACE A SHOULD BE FORW TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 22s I certify that I took charge of the remaining rescribed abo HEAD. ONLY Inspection and in my opinion death resulted in TITLE (SPECIFY) Assistant MEDICAL EXAMINER 9/17/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT) ADDRESS. THE BURIAL CREMATION REMOVAL TITLE DATE 23d. LOCATION 07/84 24 FUNERAL DIRECTOR DHMH - 17 Julia Nevidron Pandage (VR A15 ME (5))

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTA LYGIENE CERTIFICATE OF DEATH

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-8	87-	FOR STATE REGISTRAR			DEPART		EALTH AND MENTADIYG ICATE OF DEATH	IENE REG. I	<b>5</b> 0.			
	1. DE	CEASED NAME	FIRST	M	IDDIE	4.	AST	20 DATE OF DEATH	HINOM	DAY YEAR	2b H	OUR
	{ TYPE	HOZEL			E.	50	HLE		9	1 87	10	9050
	3 SE	X	4. RAC	CE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER 1 YE		DER 24 HRS
	Į	Female		W	hite	MONTH 7	25 1960	8	YRS.	MONTHS DA	YS HOUR	S MIN.
1		RTHPLACE   STATE OR FOR	EIGN 76 CIT	TIZÉN OF V	VHAT COUNTRY?	8.	□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
		Maryland	U	nited	States	WIDOWE		Co	hh	011	Coun	ty MD.
0		ITY OR TOWN OF DEATH	(10		FACILITY, GIVE STREET	ADDRESS)	HOSPITAL	12a. USUAL OCCUPA {TYPE OF WORK FOR MOST Nurse	OF WORKING I		RY	iness or al
5	13a. S	AL RESIDENCE (IF NURSING STATE 13 aryland	Carrol		Sykesvi	/N	13d. INSIDE CITY LIMITS? YES NOXX	13e.STREET ADDRESS 6502 Whi	/ ZIP COD	k Rd.	217	84
0		ATHER'S NAME FIRST EOTGE	A.		Schafe	r	15. MOTHER'S MAIDEN NAM Theresa	WIDDLE		Hend1e	LAST Y	
1		WAS DECEASED EVER IN	U.S. ARMED F		166 SOCIAL SECU	JRITY NO.	17. INFORMANT Mrs.			Total I		1784
	(	no	IF YES, GIVE WAR	OR DATES)	214-03-	4462	6502 White Ro	ock Rd.	Sykesv	ille,	MD.	
	CERTIFICATION	gove rise to immediate (O), storing underlying couse  PART 2 OTHER SIGNIF	the lost. D	(c) ITIONS <u>CO</u>		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YE	S, WERE FIN	DINGS U	SED
7	TIFIC							YES NO		FYING CAUS		EATH?
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1		226 SIGNATURE  226 SHYSICIAN'S NAM	E (TYPE OR PRINT)	RUI	Lomo	Q '	ATTENDING PHYSICIAN [	DIRECTOR   PHYS	AFF ICIAN	9/	1/8'	7
		BURIAL, CREMATION, RE (SPECIFY) Burial	9	DATE 9/4/87	7	Loudon	EMETERY OR CREMATORY Park Cemeter			Baltim		MD.
84	24. FU	UNERAL DIRECTOR LO	ring By Road	yers l Randa	Funeral :	Direct	ors, Inc 250 DATE 21133	P 4 1987		TRAR'S SIGN		712

		1- STA	re		DEPARTMENT O				5 3 4	1 6	
		REG	ISTRAR		EDICAL EXAMI	NER'S C	ERTIFICATE C	F DEATH R	EG. NO.		
067	1 4 5 SEP	30 87	ED NAME FI	rsī .	WIDDLE		AST	20 DATE KNOW	WN 25 MONTH	DAY YEAR	26 HOUR
	의 등 전 등 변	30		Richard	Irving	Swea	dner	DEATH MAT	ED - 9-2	25-87,	^
	<b>当時主点</b>	3. SEX	4. RACE	S. DATE OF BIRT		YEARS IF UN			MONTH	DAY YEAR	2d HOUF
	ARY, PLASE DIRECTOR, NOUR FILES, TON STREET,	Ma	le White				S DAYS HOURS	MIN PRONOUNCED DEAD	9-2	25-8719	9:50,
-	AN A	70. BİRTH	PLACE (STATE OR COUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARR	9. BALTIMORE	CITY OR COUN	NTY OF DEATH	
	23335C2	Mar	land	U.S.	.A.	WIDOW		ED 🛛 Carroll	l County		WD
-11	20世世世	CITY	R TOWN OF DEATH		OSPITAL, NURSING HO	S)		12e USUAL OCCUPATIO	N (TYPE OF WORK	Federal	USINESS TRY
10	304 30 C		eytown	Rt. 194	4 ½ mile N	. Keys	ville Rd.	program ana	_	governm	ent
101	PENEST!	STATI	SIDENCE (IF IN NURS)	OME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMI	5510N)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
.23	るる時間			ederick	Frederic		YES X NO	117 E. 7th	St./217	701	
WD	TO SOUND	14 FATHE	R'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAID	N NAME MIDDLE		LAST	
SE.	古物学るのし	-	٧.	David	Sweadne		Grace			Duddera	r
- WI	ENGSE /	16a WAS (YES, NO		G, GIVE WAR OR DATES)	166. SOCIAL SECUR	RITY NO.	17 INFORMANT	AP	303°S. 1	Main St.	
3	A PERSONAL PROPERTY OF THE PERSON PROPERTY OF	Y	es   19	52-56	220-28-89	33	Richard M	1. Sweadner	Woodsbo	oro. MD	
- 2	200	18	CAUSE OF DEATH (England PART I DEATH WAS CA	er only one cause per li						APPROXIMAT BETWEEN ONSI	
N S	A HERONA	70	1 1 100 2	EDIATE CAUSE (o)	Cranio-cere	bral t	rauma		15-76		
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2	THE SERVICE OF THE SE		Conditions, if ony, y	diate / (b)			A CENT				
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DIVISION	ERTIF ING SSHO EPAI PRIO		INJURY OCCURRED	21e PLAC	E OF INJURY (AT HOME,	21f. LOC	ATION				
á	WRIT WRIT ARE AGE: ATE D 1201	₹ WI	WORK AT WORK	E X STREET, FA	ACTORY, FARM, ETC.)	Rt	. 194 ½ mi	le N. Keysvi	ille Rd	Carrol	1 Co.
	TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BARTIMORE, MARYDAND, 21201 PRIOR TO BU		220 I certify that I taok	charge of the remains d	lescribed above, held an		LAI.		and in my o	Maryia	na
	EXAMINEI CERTIFICA JLD BE FO DIRECTOR WARYDAN	de	eoth resulted from:	Notural causes ,	Accident X	Suicide .	Homicide .	Undetermined monner			
	A SECHEN	1	TUAL A	.()			TITLE (SPECIFY)			0.00	0.57
	A HE HE WAY		NATURE /	2	X	M.	Deputy	Chief	DATE	9-26-	87
	NOR NOR	EX	MINER'S NAME Z	nn M Divo	n M D		111	Penn Street			
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE	(TY	PE OR PRINT)	nn M. Dixo			DDRESS				
	E02549	230.BURIA (SPECIF	L, CREMATION, REMOV		23t. NAME OF C			23d. LOCATION CITY OR TOWN	COL	JNTY S	TATE
07/84 25M	BP	24 51125	Burial	9/29/87	Fairmou	nt Cem		Libertytown	Freder	rick	MD
23/41	DHMH - 17	NAA		ADDRE			250. DATE		REGISTRAR'S	The Last	- 7
	(VR A15 ME (5))		D. D. Hartz	cler Wo	odsboro, MD		SEP	29 1987 4	ia Devider		

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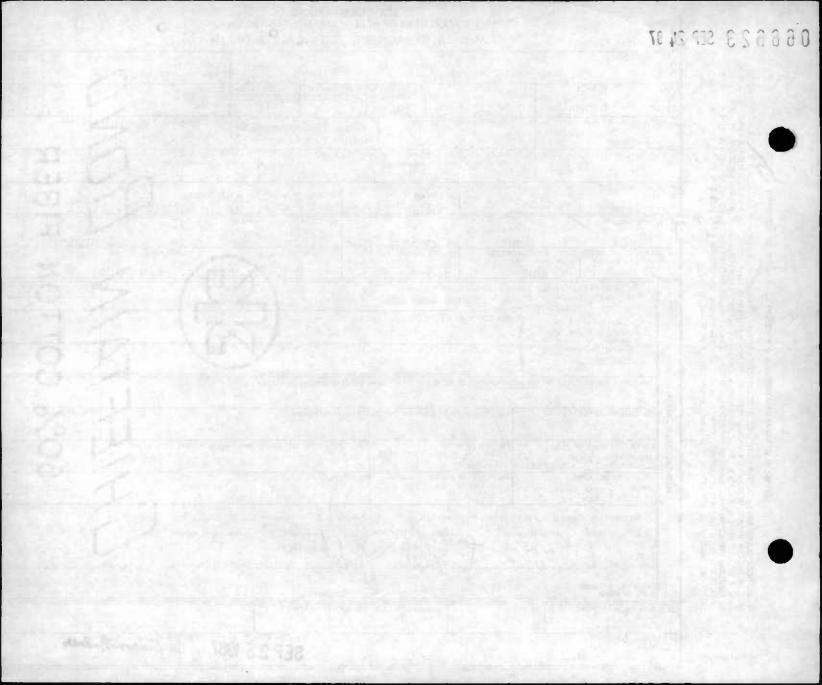
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

		1 DE	CÉASED NAME E OR PRINT)	FIRST		WIDDIE		LAST	20	DATE KNOWN	MONTH	DAY YEAR	2h HOUR
	ES. ES.	(146	E OR PRINT)	Jose	eph Dell S	wover	Tra	ceyII		OF ESTI-	9-1	9 1987	
	Y 0 - Z -	3. SEX		RACE	S. DATE OF BIRTH			DER 1 YR. IF UNDER		DATE	MONTH	DAY YEAR	2:55A
	S S S S S S S S S S S S S S S S S S S	Ma	ale	White	7 16		RS. MONT	HS DAYS HOURS	MIN. PRO	DEAD	9-19	1987	A.SSA
_	MACEN	Ta. BI	RTHPLACE (51)		76 CITIZEN OF WHA	AT COUNTRY?	8. MARR	IED NEVER MARRI	9. I	BALTIMORE CITY	OR COUNTY	OF DEATH	
	10 SEE SEE		arvland		U.S.A		WIDOW			Carroll (	County		MD.
-	世半世界	ID CI	TY OR TOWN	OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOM	E, OR OTH	ER INSTITUTION		OCCUPATION (TY	PE OF WORK	2b. KIND OF BU OR INDUSTR	ISINESS
10	PAGE STATE			Bridge		Main Street				terer		buildin	
- 5	OFFERS OF	130 S		IF IN NURSING HOME COUN	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS?	13e. STREET				
212	本を高く思う	Ma	rvland	Carr		Union Br	idge	YES X NO		E. Locust	St./2	21791	
WD	I SHE	4 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	NNAME	WIDDLE		TZAL	
3	28220C	/	David		Gent	Tracey,	Sr.	Carol		Missex	St	purrier	
IWO	SAGEN /	16a. V		EVER IN U.S. AR		166 SOCIAL SECURI	IY NO.	17. INFORMANT		ADDRES	S		
1	ANTER /		no	, , , , , , , , , , , , , , , , , , , ,	one	213-92-88	348	David G. T	racey	, Jr. Li	neboro	o, MD	
1	8 8 6		18 CAUSE OF	DEATH (Enter on	ly ane couse per line fo							APPROXIMATE BETWEEN ONSET	
300	Y SERVE Y		PARTIDEA	IMMEDIA	TE CAUSE (0) Ches	st. and abd	omina	al injuries			100		
3	NA STANTAN		The Party		DUE TO, OR A	S A CONSEQUENCE	OF						
2	WITHIN NCE IN INER A RANSIT ITAL HY R REMO	45		s, if any, which to immediate	(b)							35	
×.	SA SENS	136		stating the under-		S A CONSEQUENCE	OF						3
8	PASSES.	3	lying cous	e 1051.	(c)								
RECORDS	AN SERVICE SER	124	PART 2 DTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 to				
ECO	HOULD BE BORD "PENDING" CHEF AS AS OF HEALTH JRIAL, CREM	CERTIFICATION	3.00	1 220							1 1		
	AL, AL	CAT	190. DATE OF	OPERATION	196 CONDITIO	ON FOR WHICH OPE	RATION W	AS PERFORMED?	11/4			20 AUTOPSY?	
DIVISION OF VITAL	CERTIFICATE SHOULD STING THE WORD "PE DIDED TO THE CHIEF A E 3 SHOULD BE USED, E DEPARTMENT OF HE, DI PRÍOR TO BURIAL, OF HE, DI PRÍOR TO BURIAL,	TIE	all the								400	YES 🐔	NO 🗌
O.	ATE WEN WEN THE		210. EXTERNAL		21b. TIME OF I			OW INJURY OCCURRE				2)	3
ON	SE COLETA	MEDICAL	CONTRIBUTIN	G CAUSE OF		17		iver in aut	o/truc	ck collis	ion		
NIS!	SED 3 SY	VEDI	21d INJURY O		STREET EACTO	INJURY (ATHOME,		CATION	CI	TY OR TOWN .		NTY -	STATE
0	A A A A A A A A A A A A A A A A A A A	-	AT WORK	NOT WHILE	x st	reet	30	South Main	Stree	et, Union			
	ANTE, TANTE, PRINCE PRI		22a I certify	that I took charg	e of the remains descr	ibed abave, held on	Autor	sy X. Inspection	n .	Inquiry . o	nd in my opin	Maryland	1
	NEW DE	175	deoth resulte	d from Notus	rol causes .	Accident X	uicide	, Hamicide .	Undeterm	ned monner			
	A THE STATE OF THE			Win	BO TE	(1011)	n	TLE (SPECIFY)					
	AL STAN		ACTUAL SIGNATURE_	MA	ine !	Alle	XIA	Mssistant	MEDICA	LEXAMINER	DATE	9-19-8	37
	DIC TE		EVALUE IF DE	LAME	1		11						
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARTIAND 2		EXAMINER'S N (TYPE OR PRIN	Marie	o F. Golle	,Jr.,M.D.	V	ADDRESS 111 P	enn St	reet,Bal	timore	,MD 212	201
	DAY STAR	230. BL	JRIAL, CREMAT	ION, REMOVAL	3b. DATE	23c. NAME OF CE	METERY C	R CREMATORY	23d. LOCA CITY OR 1	TION	COUNT	y 51	ATE
07/B4	BP		Buri		9/22/87	Pipe C	reek	Cemeterv	nr.N	ew Windso	or Car	roll M	
25M	DHMH - 17	24. FL	INERAL DIRECT	OR	ADDRESS			250. DATE F	REC'D. BY RE	GISTRAR 256 REG	ISTRAR'S &	NAUP	3 50
	(VR A15 ME (5))		DT	Harty1	or Unio	n Bridge	MD	DEP 2	0 120	Out of			

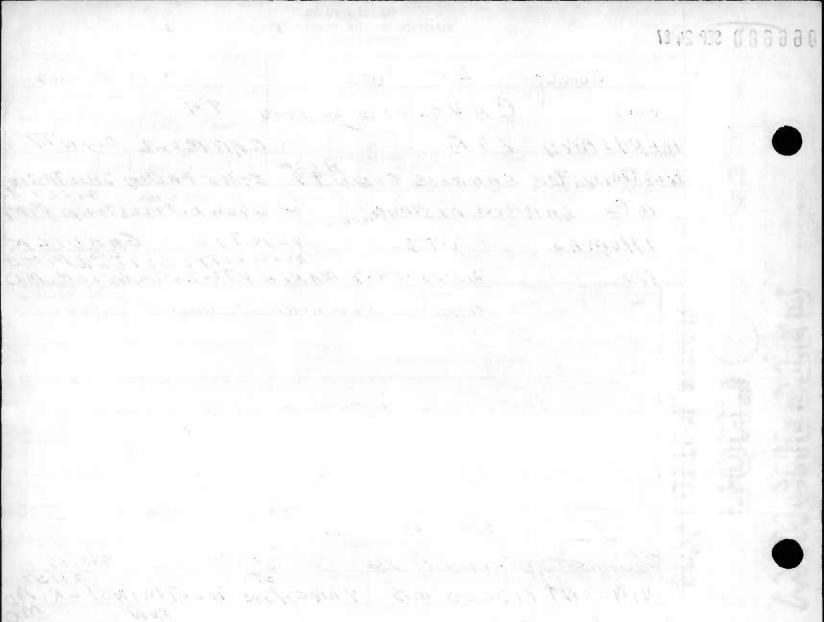


# erfal director, page 3 72 hours after death 24 hours ofter death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that th ATTENDING PHYSICIAN, The low TO FUNERAL DIRECTOR. After this certificate has be should be detached for use as the buriel transit permitting the State Disp. of Health and Mental Hygerie pr

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

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066	680 SEP 2	118	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENT CERTIFICATE OF DEAT		5 5 4 9	
	• & <del>4</del>		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH M	0 10 110	HOUR
	oy by	3. SE	GEORGE	ACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		UNDER 24 HRS
	to offer p	3. SE	MALE	CAVC	MONTH DAY YE	AR TU		OURS MIN.
	Pog directions hours	Je B		CITIZEN OF WHAT COUNTRY?	FEB 22 /	9 0 3 9 BALTIMORE CITY OR	COUNTY OF DEATH	
	A 722	m	ARYLAND	USA	MARRIED NEVER MARRI		OLL COUI	v TYMD
	ter d	10 C	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	WORKING HEEL INDUSTRY	USINESS OR
201	3000	-	ESIMINSIER	CARROLL	COUNTI	1 5+10= F1	ACTORY SHOL	FACTOR
0 21	A Post		AL RESIDENCE (IF NURSING HOME OR OTH STATE 136. COUNTY	13c. CITY OR TOWN	138. INSIDE CITY LIA			157 1
IAN N	2 2 2 2	14 F	THER'S NAME	RICULL NEST	YES NO		TILESTUNK	NIK
N N	1 10/10		Tilliam 1 & MIDD	LAST LAST	FIRST	VERTIF	SABI	110 4
2	1 1 T		VAS DECEASED EVER IN U.S. ARMEE		RITY NO. 17 INFORMANT	19042, ADDRES	ES TOWN	P. IV.
WO	and poor	- (	YES, NO OR UNKNOWN) (IF YES, GIVE WA	213-05	-5-409 MA	ELEUTZ WE	STMINSTE	RMI
TIVE	ote b pen, of, t, the		18 CAUSE OF DEATH (Enter only o	ne cause per line far (a), (b), and	Lice		APPROXIMAT BETWEEN ONSI	E INTERVAL ET AND DEATH
55	of or one		PART I. DEATH WAS CAUSED BY IMMEDIATE C	AUSE (0) METRITA	TIC CARCINO	MA OF PARO	rid YERI	1.5
No.	the state of			DUE TO, OR AS A CONSEQUE	NCE OF			
SES	1 (36)		Canditions, if any, which gave rise to immediate	(b)				
3	15 0.3111		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF			
20	Mary		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDI	ITION GIVEN IN PART 110	
RDS	The second	<u>N</u>	Br	ACTEROIDES	SEPTICEM	16		
AL RECO	he low out. Not be t permit	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
DF VIT	physical phy	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
NO	West of Street	MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOW	N COUNTY	STATE
S	offer the hond	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE FI	RM ETC)	CIT ON TOWN		31416
۵	NON BENEFIT		220.1 certify that (1) (this haspital)			\$2 , to 9		t_(i)_(we) last
-	ATTE BIDGE BECTO d Hor C at 1		saw the deceased alive an abave, (1) (we) (did) (did not) vi	ew the bady after death		apinian death accurred on the date		
	S d d d d d d d d d d d d d d d d d d d		22b. SIGNATURE	1 0	DEGREE ATTEN	DINGMEDICAL STAFF	22c DATE SIG	SNED -
	PITAL Short Short		22d PHYSICIAN'S NAME (pripe of PRI	ecount	PHYSI 22e ADDRESS	CIAN DIRECTOR PHYSICIA	1/10/	1157
	POST POST		VINCENT F	FIDECO M	DANNO	Was WES	TMINSTE	R M.
	01 24134	23a		,	AME OF CEMETERY OR CREM	ATORY 23d LOCATION	RUN	MI
	BP	B	(SPECIFY)	Sept 31, 19875	T-MARY'S CA	EM. SILUE	R CARI	ZOLL
	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	34 MAPlant	AVE . 1340	SEP 2 1 967 STRAP 2	WREGISTRAR'S SIGNATURE	ies



Washington

Robert K. Pritts, Sr., Westminster, MD

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

YEAR

IF UNDER I YEAR

21048

YES [

Hampstead Carrol

COUNTY

STATE

Arndt

2h HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

home

IF UNDER 24 HRS

### DEPARTMENT OF HEALTH AND MENTAL HIGIENE FOR STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) ester 0005 M 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH MONTH YEAR DAYS 1898 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY aunty Genera acmer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO F 2 Gah 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE race 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 5641 55 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: phy KISPIRATION PNEUMONI IMMEDIATE CAUSE 10), ò DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION LEUKOPEN BENTIC STENUSIS prio 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX YES T buriol-tronsit p 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE the l STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. \_, that (I) (we) lost DIRECTOR .19.87 sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove\_(1) (we) (did) (did not) view the body after death. 22h, SIGNATURE DEGREE 22c. DATE SIGNED ild be detoch the Stote De ATTENDING MEDICAL STAFF \* reac PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS MPORT shoul 23b DATE 23c NAME OF CEMETERY OR CREMATORY ( PAPTO 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND